

EXHIBIT A

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
WESTERN DIVISION

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HONORABLE HERNÁN D. VERA, DISTRICT JUDGE PRESIDING

MARK SNOOKAL,)
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Plaintiffs,)
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vs.) No. CV 23-06302-HDV
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CHEVRON USA, INC.,)
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Defendants.)
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REPORTER'S TRANSCRIPT OF PARTIAL JURY TRIAL PROCEEDINGS

TRIAL DAY ONE

LOS ANGELES, CALIFORNIA

TUESDAY, AUGUST 19, 2025

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1 just allow you to speculate on everything. I think the
2 question was just -- let me look at it again -- whether
3 since 2019 to the present, has the understanding of the
4 medical community changed as to the issues that you've
5 discussed?

6 THE WITNESS: No.

7 BY MS. FLECHSIG:

8 Q Okay. In other words, the general research
9 about what to do when someone has a dilated aortic root
10 and the risk associated with it, it is basically the
11 same now as it was then?

12 A Correct.

13 Q Okay. When you formulated the opinions that
14 you put into your report, did you consider the fact that
15 Escravos, Nigeria, where this job was located, is
16 extremely remote and has limited surgical capability
17 nearby?

18 A Yes, I did. My opinion is based on medical
19 data and not on geography. So his risk, his condition
20 remains the same regardless where he is located,
21 New York, Los Angeles, or Escravos. His location has
22 nothing to do with his risk of disease.

23 Q Right. So if Mr. Snookal was your patient, you
24 would clear him wherever in terms of work?

25 A Correct. Wherever, yes.

1 before providing this clearance, did you also consider
2 whether Mr. Snookal was managing his condition with any
3 medications?

4 A Yes.

5 Q What kind of medications would manage this
6 condition?

7 A Well, the main issue is blood pressure control,
8 so he was on blood pressure medicines at that time.

9 Q Okay. And how does it control -- how do blood
10 pressure medicines serve to manage dilated aortic root?

11 A Well, the blood pressure is one of the forces
12 that makes the aortic expand. So if the blood pressure
13 is out of the control, it would not be a good thing.

14 MS. FLECHSIG: Okay. Moving onto Exhibit 68.
15 This also -- the admissibility has been stipulated to.
16 May it be published to the jury?

17 THE COURT: Go ahead.

18 (Whereupon, Plaintiff's Exhibit 68 is admitted hereto.)

19 BY MS. FLECHSIG:

20 Q Dr. Khan, you probably see in front of you a
21 lengthier e-mail. It looks like you said on August 23,
22 of 2019, addressed to a Dr. Levy, is that -- are you
23 seeing where I'm looking at?

24 A Uh-huh, yes.

25 Q So you said, "I understand he is applying for a

1 A I don't understand the question.

2 Q Sorry, I did not ask a good question. I guess
3 time passes for a year, and during that year,
4 Mr. Snookal is not getting a scan; right? So I guess
5 why are you not worried about a sudden large change in
6 the size to the aortic aneurysm?

7 A Well, it just doesn't happen. I mean, they
8 typically grow fairly slowly. If there is going to be
9 any kind of progression, the typical rate of growth
10 would be -- the literature at the time said .1
11 centimeter per year. So he looked like he was at least
12 3 to 8 years away from needing anything done at that
13 point.

14 Q Okay. Thank you so much, Doctor. I think
15 those are all of my questions.

16 THE COURT: All right. Cross-examination?

17 **CROSS-EXAMINATION**

18 THE COURT: Go ahead, Counsel.

19 BY MR. MUSSIG:

20 Q Good afternoon, Doctor.

21 MR. MUSSIG: Could we pull up that same
22 exhibit, Exhibit 68?

23 BY MR. MUSSIG:

24 Q And we were looking at this a moment ago,
25 Doctor. This is the e-mail you sent to Dr. Levy;

1 aneurysm in medical terms, but we're in layman's terms.
2 We're calling it an aneurysm. Let's put it that way.
3 This is more layman's terms, but it is not technically
4 correct. It is not an aneurysm at that point.

5 Q Understood. And so you say the size is 4.1 to
6 4.2 centimeters on his most recent CT scan. And that
7 4.1, 4.2, you're confident in that number?

8 A He's had, I think, three CTs at that point, and
9 they all showed the same numbers so that certainly makes
10 the confidence quite high.

11 Q All right. And then you say from the published
12 studies, the risk of rupture or dissection is 2 percent
13 per year. And I think you cite -- well, let me ask:
14 What publication are you citing?

15 A Yeah, there is a paper I think it was in *The*
16 *Annals of Thoracic Surgery* -- I don't know if I have the
17 reference -- oh, yeah, it is here, *Annals of Thoracic*
18 *Surgery*, 2002. But I state the studies are pretty old.
19 Treatment is improved as has our understanding of aortic
20 aneurysms.

21 Q Understood. Is that a publication that you
22 would cite frequently in your practice?

23 A I publish a bunch of papers, and then I do cite
24 it, you know, when I worked at Cedars, yeah, quite a
25 bit.

1 Q Okay. Is it a reputable publication?

2 A Say that again.

3 Q Is it a reputable publication?

4 A Yes, it is an official organized society of
5 thoracic surgeons. So, yeah, it's very reputable.

6 Q Understood. And I have a question about what
7 that 2 percent per year means. Does that mean that out
8 of a hundred people, two per year would rupture or
9 dissect with aneurysms of this size?

10 A It does, which that number has been modified
11 significantly because this is a very unselected group in
12 that -- in that publication.

13 Q When you say "the number has been modified
14 significantly," do you mean in recent years?

15 A Yeah.

16 Q Understood. So back in 2019, this is what the
17 understanding was; right?

18 A Yeah, I would say it's a reasonable estimate,
19 yeah.

20 Q And then later in your e-mail, you do say --
21 and you saw this language a few minutes ago -- that
22 because the aneurysm was stable, it -- it could be --
23 might be less than 2 percent per year?

24 A Yes.

25 Q Do you recall seeing that?

1 patient need?

2 A Well, these types of dilated aortas -- aortic
3 aneurysms don't typically rupture per se. They tend to
4 dissect, what is called an aortic dissection. Or they
5 can have other complications such as a perforating ulcer
6 or integral hematoma. So it would be exceptionally rare
7 for this to rupture, especially given that he is what we
8 call a non-syndromic aortic dilation.

9 Q So more likely to dissect?

10 A It would be more likely to present as
11 dissection or one of those other acute aortic syndromes,
12 we call them.

13 Q Understood. And in the event of dissection,
14 what -- what does the patient need?

15 A If the starts to dissect, he'll typically have
16 symptoms, and then they -- we would need to get them to
17 a hospital.

18 Q They need to have surgery done?

19 A They need to have a CT scan done first, yeah.

20 Q Okay.

21 A Or a transesophageal echo, we do sometimes.

22 Q I'm sorry, a --

23 A Or a transesophageal echo.

24 Q And how soon after the dissection would that
25 happen, from your perspective?

1 A It depends on where they are. So this is a
2 frequent reason people get transported to the hospital.
3 So at Cedars, we would get a lot of helicopter
4 transports in from central California, or wherever, to
5 get CT or transesophageal echo and make a diagnosis and
6 then triage them, whether they needed surgery urgently
7 or if they could wait.

8 Q Okay. Isn't it fair to say that you want this
9 dissection treated as soon as possible?

10 A I think we need a diagnosis first. So we need
11 a diagnosis as soon as possible, and then the treatment
12 will be based on what the specific diagnosis is.

13 MR. MUSSIG: Your Honor, I'd like to read from
14 his deposition.

15 THE COURT: All right. Just a second. Let me
16 get the --

17 MR. MUSSIG: If we have a copy. If we don't,
18 I'll move on.

19 THE COURT: No?

20 Then you'll need to move on.

21 BY MR. MUSSIG:

22 Q In the event of a dissection, how soon should
23 the person have this -- the word you referred to a
24 minute ago, the examination and then -- and then
25 surgery?

1 Q Is it fair to say that a person working, say,
2 12-hour shifts, a physically demanding job, in places
3 where the temperature gets up to 115 degrees in the
4 summer and there are monsoons in the winter, could
5 suffer stress as a result of all that?

6 MS. FLECHSIG: Objection; incomplete
7 hypothetical.

8 THE COURT: Overruled.

9 THE WITNESS: Well, yeah, I mean, your question
10 is sort of self-evident, I guess.

11 BY MR. MUSSIG:

12 Q And those conditions could drive up someone's
13 blood pressure, right?

14 A I don't think high temperatures necessarily
15 would, but certainly climbing a ladder. Yeah, if he's
16 going up a ladder, that could -- or would.

17 Q And isn't it true that something -- if
18 something were to drive up his blood pressure, it could
19 potentially exacerbate this aortic aneurysm?

20 A It is a chronic process, yes. But again, I
21 mean, these are true for everybody with this condition.

22 Q Sure.

23 A Their blood pressure is going to go up and down
24 depending on who cuts them off in a parking space or,
25 you know, whatever.

1 Q Understand. And one last series of questions.

2 MR. MUSSIG: If we could pull up to Exhibit 33.

3 The parties have stipulated to admissibility,

4 Your Honor.

5 THE COURT: Go ahead.

6 MR. MUSSIG: We may have looked at it during

7 his direct.

8 BY MR. MUSSIG:

9 Q This is your letter to Chevron saying it's safe
10 for him to work in Nigeria; correct?

11 A Yes.

12 Q Okay. And at this point, you didn't know that
13 he was working specifically in Escravos; right?

14 A I don't believe -- I think I was only told it
15 was Nigeria.

16 Q Okay. And so you never wrote a letter
17 to Chevron clearing him to work in Escravos;
18 correct?

19 MS. FLECHSIG: Objection; misstates facts.

20 THE COURT: Overruled.

21 THE WITNESS: I don't believe so. No, I think
22 this is the only letter I wrote.

23 MR. MUSSIG: Okay. No further questions.

24 THE COURT: Any redirect?

25 MS. FLECHSIG: Yes, Your Honor. Very quickly.

1 A Three years.

2 THE COURT: Just lean -- bring the microphone a
3 little closer.

4 BY MS. LEAL:

5 Q So then we're talking about approximately
6 2017/2018?

7 A Correct.

8 Q And after that role in Singapore, what was your
9 next role at Chevron, Doctor?

10 A I was moved to London to manage a similar type
11 of role across a different region. We called it EEMEA,
12 Europe, Eurasia, the Middle East, and Africa.

13 Q A very large role. EE- --

14 A -MEA.

15 Q -- -MEA. EEMEA. Okay.

16 So your responsible for Europe, Eurasia,
17 Mid East, and Africa?

18 A Correct.

19 Q And you were working in London, did you say?

20 A Yes.

21 Q Okay. And how long were you in that position?

22 A In total, seven years.

23 Q So you were in that position, the EEMEA
24 regional medical manager position, during the events at
25 issue in this case in 2019; correct?

1 A Correct.

2 Q Now, you've been in a number of different roles
3 with Chevron, including transferring from Houston to
4 London to Asia, Singapore.

5 Every time you transferred, Chevron still
6 continued to be your employer; correct?

7 A That's correct.

8 Q And you continued to be on the same Chevron
9 payroll; correct?

10 A That is correct.

11 Q And the same Chevron benefits; correct?

12 A Yes.

13 Q Okay. So now, the rest of my questions now are
14 going to be focused during the time that you were the
15 EEMEA regional medical manager. Okay? Again, in 2019.

16 A Okay.

17 Q Now, in your role as the EEMEA, were you --
18 regional medical manager, were you aware of the process
19 of what happened when an employee in the States, for
20 example, wanted to transfer to another country, be an
21 expat employee?

22 A I am -- I was very aware.

23 Q Okay. And as part of that process, a doctor in
24 the United States, where the employee lived or work, was
25 required to be medically examined; correct?

1 was fit and who wasn't and performed additional reviews
2 if needed or get additional records, testing, and things
3 like that. So in this situation, we have a medical exam
4 that was done in California for a position that was in
5 my region in Nigeria. So that was managed between
6 the -- the U.S. group and the Nigerian medical team and
7 then it came to me when Mr. Snookal asked for -- I think
8 he asked for an appeal or a second opinion or something
9 similar to that.

10 Q Okay. So you got involved because Mr. Snookal
11 was asking for a second opinion after the -- after
12 Dr. Asekomeh deemed him not fit for duty for the
13 position in Escravos; correct?

14 A That's correct.

15 Q And as a result of that, you and Mr. Snookal
16 spoke regarding Dr. Asekomeh not granting him the
17 fitness for duty; correct?

18 A We spoke. I may have been -- I may have spoken
19 to him in person or on the phone, but it was definitely
20 some e-mail interactions we had. It was a long time
21 ago, but I know definitely we had e-mail interactions.
22 I don't remember if we spoke in person. I think we did
23 but I can't remember that.

24 Q Okay. All right. And do you recall if you had
25 more than one conversation with Mr. Snookal?

1 Levy --

2 A Yep.

3 Q -- to Mark Snookal. Subject, medical. And
4 then you say, "Mark, thanks for speaking with me, et
5 cetera." Do you recall sending this e-mail to
6 Mr. Snookal?

7 A I do. I do. So I obviously spoke with him.

8 Q Okay. And if you turn to the first page of
9 Exhibit 65. There is an e-mail also underneath the
10 black box from Mark Snookal to you, the same day. And
11 he is responding to your e-mail and providing you
12 information. Do you remember having received this
13 information from Mr. Snookal?

14 A Yes, I do.

15 Q And you recall there is a graph on the second
16 page. Do you recall seeing that graph?

17 A Yes, I do.

18 Q And what did that graph tell you when you saw
19 it?

20 A It told me what Mr. Snookal's opinion of his
21 risk was and what he based it on.

22 Q And what was that?

23 A According to this chart, the risk appears to be
24 less than one percent.

25 Q So when you were evaluating Mr. Snookal's case

1 for a second opinion, if you will, you were also
2 evaluating the risk for -- the risk of an adverse event
3 occurring to Mr. Snookal in Escravos; is that correct?

4 A That is correct. We were looking. We --

5 Q Thank you.

6 A Yes.

7 Q Did you consider the actual diameter of
8 Mr. Snookal's aortic aneurysm?

9 A Yes.

10 Q And you also, I assume, considered the fact
11 that Mr. Snookal had not had any changes in size of his
12 aortic root over the prior three years?

13 A Yes.

14 Q We can put that exhibit down.

15 And at the time you were reviewing
16 Mr. Snookal's case for a second opinion, did you
17 evaluate whether Mr. Snookal's management with
18 medication impacted the risk of an adverse outcome due
19 to the aortic aneurysm?

20 A Yes, that would have been part of the
21 evaluation. After -- I don't think there was any
22 medication-related issues that we saw as a problem.

23 Q And you took that as Mr. Snookal being
24 relatively stable; correct?

25 A Yes.

1 That is why you didn't call him?

2 A I understood what he was saying about the risk.

3 I think you quoted it as low risk or very small.

4 Q And isn't it true that as part of your review
5 for a second opinion, that you learned that Dr. Khan
6 reported that any risk -- he was the cardiologist so he
7 was reporting that any risk was primarily related to
8 further enlargement of the aneurysm and it could be
9 tracked with an annual CT scan; correct?

10 A Can you repeat that question, sorry?

11 Q During the time that you were doing the second
12 review, you were aware that Dr. Khan reported to you
13 that any growth in the aorta could be tracked with
14 annual CT scans; correct?

15 A Partially correct. So the -- at the size the
16 aneurysm was, there was risk for it rupturing or having
17 problems; however, the risk increases by further growth
18 of the aneurysm.

19 Q Are you saying that the size that Mr. Snookal
20 had the aneurysm that he was at risk for rupture or
21 dissection?

22 A Correct.

23 Q What do you base that on?

24 A I base that on the scientific literature. I
25 base that on the note that you're showing me right now

1 that says his risk is low and less -- and likely less
2 than 2 percent based on the information. So 2 percent
3 is not low to me. And that's possible.

4 Q What's possible?

5 A If there's -- risk is 2 percent a year, then
6 it's possible to rupture at that size.

7 Q And you base that on what --

8 A What it says, according to his specialist.

9 Q He says that there's a 2 percent chance of
10 rupturing?

11 A "Serious complications," yes, that's what it
12 says.

13 Q Does it say "rupturing"?

14 A It says "serious complications."

15 Q It doesn't say "rupture"; correct?

16 A There are only two significant consequences:
17 dissection or rupture.

18 Q Correct. You didn't call Dr. Khan to find out
19 what he meant by "serious consequences" to find out
20 whether there was a rupture or -- or a dissection;
21 correct?

22 A I didn't, but the --

23 Q Okay. Thank you.

24 A It's understood.

25 Q Thank you. Thank you, Dr. Levy.

1 Q So the concern that you just expressed was
2 that --

3 THE COURT: Give us a second.

4 BY MS. LEAL:

5 Q So the concern that you just expressed,
6 Dr. Levy, was that if -- if Mr. Snookal had an aortic
7 event in the future, the team in Escravos might require
8 some sort of emergency response that they may or may not
9 be about able to manage. Was that part of the concern?

10 A The concern was that if he had that event
11 today, they were not equipped to handle that emergency.

12 Q What do you mean by "today"? Today at the time
13 that he was in Escravos?

14 A If today was -- on his first day in Escravos.
15 The risk would apply as soon as he was on -- as soon as
16 he was on the ground.

17 Q So the concern was that if Mr. Snookal, the day
18 he arrived in Escravos or the day after or two weeks
19 later -- if, in the future, he had an aortic event,
20 that's the reason you agreed with Dr. Asekomeh that he
21 was not fit for duty; correct?

22 A I --

23 Q Yes or no, Dr. Levy. Is that correct or not?

24 A That sounds correct, yes.

25 Q Thank you.

1 Isn't it true, Dr. Levy, that you believe that
2 if Mr. Snookal had an aortic event in Escravos, he could
3 possibly pose a threat to other employees because, for
4 example, if he were climbing up a ladder or climbing
5 upstairs and fell over, he could injure other people;
6 correct?

7 A Not possibly, likely. Likely -- if it was
8 likely, he could have hurt other people if he had an
9 event in Escravos.

10 Q If that happened?

11 A Sure.

12 Q Right. In the end, though, isn't it true that
13 a risk to other people, other employees working with
14 Mr. Snookal in the event of a cardiac event was not
15 relevant to your determination about Mr. Snookal's
16 matter?

17 A So I want to say one thing, that I didn't -- I
18 didn't make the determination on whether he is fit or
19 not fit for this assignment. This decision was made by
20 the Nigeria medical team.

21 Q I apologize. I meant in your reviewing their
22 decision.

23 A So their -- their decision was based on the
24 fact that they don't have the resources in Escravos, and
25 I would argue that they don't have the resources in

1 Lagos either to be able to support this emergency. We
2 don't have the right medical providers, the medications,
3 or the ability to manage this. The risk of fatality,
4 should this event have happened, would have been
5 extremely high.

6 Q Should it happen, you don't know what was going
7 to happen; right? You're -- you're thinking perhaps it
8 might happen. You were just guessing.

9 A It's a 1 in 50 chance --

10 Q We don't know what could happen; correct?

11 THE COURT: Wait, wait, wait. Let's -- you're
12 talking over each other.

13 THE WITNESS: Sorry.

14 THE COURT: What is your question, Counsel?

15 BY MS. LEAL:

16 Q I said -- you said in the event it would
17 happen, so there is no way for you to be able to predict
18 whether or not Mr. Snookal would have had an aortic
19 event if he were in Escravos; correct?

20 A No, I knew that -- I knew the risk was
21 2 percent based on the available literature and the
22 treating medical provider. So the risk of him having an
23 event in one year was 1 in 50.

24 Q And if -- but you had no idea whether or not
25 that would happen during the first week, during the

1 first 28 days that he was there, when he returned the
2 following year. You had no idea; right? Everything was
3 based upon just a hypothetical; correct?

4 A It's not hypothetical. It's actual. It's an
5 actual risk of 2 percent a year right now, and if it
6 were to get larger, the risk would increase.

7 Q But you don't know if it was 2 percent?

8 A I have the medical experts telling me it's
9 2 percent. I have the medical literature telling me
10 it's close to 2 percent. That's about as good of
11 evidence as I have to be able to make the decision or --
12 or the team used to make that decision. It's -- it was
13 based on the actual risk of it happening.

14 Q Okay. So it was based upon the actual risk of
15 it possibly happening. And you're saying there's a
16 2 percent -- but you're saying there's a 2 percent
17 chance that it might happen. It might happen; right --
18 in the future, if it happens; correct?

19 THE COURT: Counsel, I think you've asked it
20 several times. He's answered it. Let's move on.

21 BY MS. LEAL:

22 Q Okay. So after you received Dr. Khan's e-mail,
23 did you contact the Nigerian medical team to provide
24 them with your opinion?

25 A I spoke to the Nigerian medical team, and I

C E R T I F I C A T E

MARK SNOOKAL

:

vs.

:

No. CV 23-06302-HDV

CHEVRON USA, INC.

:

I, MARIA BUSTILLOS, OFFICIAL COURT REPORTER, IN AND FOR THE UNITED STATES DISTRICT COURT FOR THE CENTRAL DISTRICT OF CALIFORNIA, DO HEREBY CERTIFY THAT PURSUANT TO SECTION 753, TITLE 28, UNITED STATES CODE, THE FOREGOING IS A TRUE AND CORRECT TRANSCRIPT OF THE STENOGRAPHICALLY REPORTED PROCEEDINGS HELD IN THE ABOVE-ENTITLED MATTER AND THAT THE TRANSCRIPT PAGE FORMAT IS IN CONFORMANCE WITH THE REGULATIONS OF THE JUDICIAL CONFERENCE OF THE UNITED STATES. FEES CHARGED FOR THIS TRANSCRIPT, LESS ANY CIRCUIT FEE REDUCTION AND/OR DEPOSIT, ARE IN CONFORMANCE WITH THE REGULATIONS OF THE JUDICIAL CONFERENCE OF THE UNITED STATES.

/s/

08/20/2025

MARIA R. BUSTILLOS
OFFICIAL REPORTER

DATE

EXHIBIT B

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
WESTERN DIVISION

- - -

HONORABLE HERNÁN D. VERA, DISTRICT JUDGE PRESIDING

MARK SNOOKAL,)
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REPORTER'S TRANSCRIPT OF JURY TRIAL PROCEEDINGS

TRIAL DAY TWO

LOS ANGELES, CALIFORNIA

WEDNESDAY, AUGUST 20, 2025

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I N D E X**PLAINTIFF'S WITNESSES: DIRECT CROSS REDIRECT RECROSS**

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1 Q And it did not have any guideline with respect
2 to not denying someone's fitness for duty if they're
3 able to presently perform the job duties in a manner
4 that won't pose a risk -- an immediate and substantial
5 risk to themselves; right?

6 A In the case we are looking now, we're looking
7 at the present risk --

8 Q No. So I'm just asking you -- I'm sorry. I'm
9 just asking you -- maybe I'm not being clear.

10 I'm just asking you whether anyone at Chevron
11 told you about this law in 2019 or before 2019?

12 MR. MUSSIG: Objection, Your Honor. Asked and
13 answered.

14 THE COURT: Sustained.

15 Counsel, he's answered that. Please move on.

16 MS. FLECHSIG: Sure.

17 BY MS. FLECHSIG:

18 Q In 2019, you conducted Mr. Snookal's medical
19 suitability for expatriate assignment exam; is that fair
20 to say?

21 A Fair to say, yes.

22 Q And you will recall that Mr. Snookal had a
23 condition called a dilated aortic root; right?

24 A Right.

25 Q And you, after doing the medical suitability

1 screening, determined that Mr. Snookal was unfit for
2 duty in Escravos, Nigeria; is that all true?

3 A So the conclusion was not fit for duty in
4 Escravos, fit for duty in Lagos.

5 Q Okay. So -- but you did not say that --
6 basically, he was not fit for duty in Escravos; is that
7 true?

8 A The conclusion was not fit for duty in
9 Escravos, fir for duty in Lagos.

10 Q Sure. Okay.

11 And you're not a cardiologist; right?

12 A I'm not.

13 Q You've never practiced cardiology?

14 A Well, that would need some explanation. I'm
15 not a cardiologist. I'm a physician. I'm trained in
16 internal medicine with a specialization in neurology.
17 So in this instance, the determination was made after
18 consulting with a team of cardiologists --

19 Q I'm sorry. I'm just asking whether you've ever
20 practiced cardiology?

21 A Well, the answer to that question would be yes.
22 The way medicine is practiced in Nigeria is an interest
23 you see all medical cases, and the ones that require
24 specialist attention are then referred to a
25 cardiologist.

1 job -- job duties at the time you made decision?

2 A The job position was a manager reliability and
3 engineering. That was stated in the forms.

4 MS. FLECHSIG: Your Honor, I'd like to read
5 from Dr. Asekomeh's deposition transcript, page 71,
6 lines 22 through 25.

7 THE COURT: Okay. Go ahead.

8 MS. FLECHSIG: Question: Did you review the
9 job description for the reliability engineering manager.

10 Answer: I can't remember now, but there was no
11 issue around his duty.

12 BY MS. FLECHSIG:

13 Q Dr. Asekomeh, based on what I just read, isn't
14 it true that your decision not to clear Mr. Snookal for
15 duty was -- was based -- was -- excuse me -- strike
16 that.

17 Would you agree that your decision not to clear
18 Mr. Snookal was not based upon whether Mr. Snookal could
19 actually perform the duties of his job in Escravos?

20 A Okay. So the forms that were sent said he was
21 going to work as a manager reliability engineering. The
22 doctor who examined him put a restriction and said,
23 "Restricted clearance, not to lift at work with EKG."
24 The main reason we look at was the fact that he had a
25 dilated aortic aneurysm.

1 So I sent those forms on for further review,
2 starting with the cardiologist who was on ground in
3 Escravos, Dr. Aiwuyo. And I asked him three questions.
4 First of the three questions was can you manage someone
5 with this condition in Escravos, and are there signs to
6 determine if he was getting worse. And I know if there
7 was an emergency, would we be able to handle this
8 condition.

9 Those are the three questions asked and that
10 was together with the three cardiologists. And based on
11 the condition on ground, the agreement was no. The --
12 there was an emergency which could be dissection or a
13 rupture, the facilities on ground would not be able to
14 handle the condition.

15 Q So --

16 THE COURT: Before we go on, Counsel. Doctor,
17 it seems like the light in your room turned off, if you
18 can fix that.

19 THE WITNESS: Yes, if you just give me a
20 minute.

21 THE COURT: Yes, go ahead. We'll wait for you.

22 THE WITNESS: Okay.

23 THE COURT: Okay. All right. That's better.
24 Thank you. Go ahead, Counsel.

25 BY MS. FLECHSIG:

1 A The location was removed location and far from
2 standard care. It will need if you had complications.

3 Q Thank you, Doctor. So lifting heavy weights is
4 not a requirement of being in Escravos; right?

5 A Right.

6 Q Okay. So assuming he is not lifting heavy
7 weight while he is there, which I understand, you know,
8 was recommended against, as long as he is not lifting
9 heavy weight while he is there, being there itself is
10 not going to increase his risk that he would ever have a
11 rupture or a dissection; right?

12 A The determination of this case was not
13 recognized in present risk. It was looking at current
14 risk. As a doctor, the size of the dilation carried
15 risk of rupture.

16 Q Right. So it was based on future risk not that
17 going there would increase his risk relative to being at
18 home in Los Angeles; right?

19 A It had the risk of rupture and was going to a
20 location where that rupture could not be managed.

21 Q Okay.

22 A As would be required.

23 Q Are you aware that many community hospitals
24 even here in Los Angeles or other major cities in the
25 United States are not able to conduct surgery on a

1 dilated aortic root if it ruptures or dissects?

2 MR. MUSSIG: Objection; relevance, Your Honor.

3 THE COURT: Overruled.

4 THE WITNESS: I told you my practice is in
5 Nigeria, and this location is as removed as it can get.

6 BY MS. FLECHSIG:

7 Q Is it fair to say that you didn't consider
8 whether it was worse -- excuse me -- strike that.

9 It's fair to say that you did not consider what
10 medical care realities exist even in major cities?

11 A When we're looking at the medical care
12 available in Nigeria, and that is why that's different
13 between Escravos and Lagos. The -- the -- the
14 categorization of medical care available is that you
15 have medical care that could respond from somehow in
16 Lagos. But in Escravos, that medical care for that
17 condition was almost next to nothing. So for Escravos,
18 it was -- that was the primary consideration.

19 Q Okay. But it's fair to say that you didn't
20 consider healthcare realities in Los Angeles; right?

21 A That wasn't my determination. My determination
22 was if he comes to work in Escravos and he had
23 complications, which risk was there, would the Nigerian
24 team or I be able to manage him. Especially, would I be
25 able to keep him alive. That was the main

1 consideration.

2 Q Okay. So let's talk about the cardiologist.
3 You testified that you relied on the opinions of three
4 cardiologists with whom you consulted before making your
5 decision; is that -- am I -- is that a fair
6 characterization?

7 A Correct.

8 Q Okay. And all three of those colleagues,
9 they -- at the time at least, they all worked for one of
10 the Chevron's medical facilities in Nigeria; correct?

11 A So Dr. Veer [sic] was working for the same
12 company I -- I worked with here in Warri. Dr. Ariel was
13 also on that same contract in Escravos. He was the
14 cardiologist on ground in Escravos, and he was the first
15 we contacted of working in Lagos, correct.

16 Q Yeah. Okay. So that's fair. But they were
17 all providing services for Chevron and Nigeria at the
18 time, is that -- that's true; right?

19 A True.

20 Q Okay. So did you review -- do you remember
21 reviewing any medical studies before making a
22 determination with respect to Mr. Snookal?

23 A So the first cardiologist who was contacted was
24 Dr. Aiwuyo who referenced a Canadian journal, and it was
25 part of his summary submitted back to me.

1 Q Thank you.

2 So just first, before we get to that, I'm
3 asking: Do you remember actually reviewing any studies
4 yourself before making decision?

5 A As I said, it was first sent to Dr. Aiwuyo.
6 What I can't remember -- because he sent a link to that
7 Canadian journal in his report. I can't remember now
8 whether I look at it or not.

9 Q Okay. So it's fair to say, then, you were
10 relying on your colleagues in cardiology to review the
11 literature?

12 A I was relying on the opinion of the
13 cardiologist -- three of the Nigerian cardiologists.

14 Q Okay. And only one of them referenced any
15 study regarding Mr. Snookal's medical condition; is that
16 true?

17 A I am not sure now, but I remember the Canadian
18 journal from Dr. Aiwuyo.

19 Q Okay. Let's turn to that --

20 A They -- they [indiscernible] give their
21 professional opinions.

22 Q Sure. Okay. So let's turn to that. If you
23 could kindly open up Exhibit 39 and go to page 6.

24 MS. FLECHSIG: This has been admitted -- this
25 exhibit has been admitted by stipulation.

1 (Whereupon, Plaintiff's Exhibit 39 is admitted hereto.)

2 BY MS. FLECHSIG:

3 Q It looks like I'm able to screen-share it with
4 you, as well, if you can see it that way.

5 A Oh, okay. Just a minute.

6 Q That might be easier. Page 6, please.

7 THE COURT: Is this 39-006?

8 MS. FLECHSIG: That's right.

9 THE COURT: Okay. Go ahead.

10 BY MS. FLECHSIG:

11 Q And it's page -- yeah, exactly page 6.

12 So, Dr. Asekomeh -- 39, page 6. I think --
13 yeah, perfect.

14 So you'll see halfway down the page, I think
15 this is one study that you were saying that Dr. Aiwuyo
16 referred to; is that -- is that true?

17 A True.

18 Q And Dr. Aiwuyo writes, "From the Canadian
19 guidelines, these values appear low risk for a major CV
20 event. Some have used values of less than 4.5
21 centimeters as a partition value for low-risk
22 situations. Link below refers." And then he seems to
23 link that study there.

24 Is that -- am I identifying correctly the one
25 study you were talking about?

1 A Correct.

2 Q Okay. So he says that the values that
3 Mr. Snookal have, 4.1, 4.2, are low risk; correct?

4 A Correct.

5 Q And he doesn't say a specific percentage at
6 all; right?

7 A Correct.

8 Q Is it fair to say that "low risk" could mean
9 one in a million; it could mean one in a billion? It
10 could mean truly anything that one might think of as low
11 risk; right?

12 A So -- so -- so this was a second reference to
13 low risk. The -- the reference from Mr. Snookal's
14 cardiologist actually put it as normal, said 2 percent.

15 Q I think I know what you're referring to,
16 Dr. Asekomeh. Let me find that if I may.

17 Isn't it true that whatever e-mail you're
18 referring to from Dr. Khan came after you made your
19 decision?

20 A Well, I'm not sure of those sequences again.
21 But I know there was a risk in one of his memos.

22 Q Okay. But that came after you already decided
23 not to clear him; right?

24 A As I said before, there is no decision -- the
25 way you saw (indiscernible). The decision was made that

1 it was low risk?

2 A So -- so Dr. Akintunde's conclusion was low
3 risk is not no risk.

4 Q Okay.

5 A So --

6 THE COURT: Doctor -- Doctor, we appreciate --
7 this is Judge Vera. Please try to answer the question
8 directly. You can add your explanation but please try
9 to directly answer it. It is taking much longer because
10 you're not doing that. So if you can, listen to
11 question again. I'm going to ask Counsel to repeat it,
12 and then I'm going to ask you to answer it "yes" or
13 "no," and then you can add your explanation to it.

14 Go ahead, Counsel.

15 MS. FLECHSIG: Thank you.

16 BY MS. FLECHSIG:

17 Q Dr. Asekomeh, it is true that none of three
18 cardiologists you conferred with sent you any percentage
19 they attributed to Mr. Snookal's risk, other than to say
20 he was low risk; true?

21 A Yes, true.

22 Q And turning to other e-mail you referenced --
23 so one of the other cardiologists who we haven't
24 discussed her opinion yet was Dr. Akintunde; right?

25 A Right.

1 Q She also e-mailed back on this e-mail thread
2 and said, "I concur with my colleagues. With an aortic
3 root of 4.2 centimeters, he is low risk but not no
4 risk"?

5 A Yes.

6 Q And actually, we can turn -- we can turn to
7 page 5 of this exhibit, and we'll see that.

8 So that's true; right? That was the quote you
9 were referencing, when she said, "He's low risk but no
10 not no risk"; true?

11 A True.

12 Q She didn't say any additional studies; true?

13 A True.

14 Q And she didn't say any other risk percentage,
15 other than it is low risk but not no risk?

16 A True.

17 Q But no one can ever be said to be at no risk of
18 a cardiac event; true?

19 A True. But cardiac event and dissection
20 (indiscernible) -- I struggle to exchange the two words.
21 He had a dilated aortic root that was at risk of
22 dissecting or rupturing. So the risk we're looking at
23 is specific here.

24 Q Isn't it true that everyone, even with a,
25 quote, unquote, "normal-sized aorta," has some risk of

1 Q Okay. So you didn't consider whether this
2 would also be true in Los Angeles?

3 A No, because that wasn't -- that wasn't -- that
4 wasn't in the purview of determining whether he was fit
5 to work in Escravos.

6 Q Did you consider what initial stabilization the
7 medical team in Escravos would have been able to provide
8 Mr. Snookal?

9 A So again, it depends on whether he was having a
10 dissection or he was having the rupture. So when it
11 says "initial stabilization," in Escravos, what you can
12 do is set up IV fluid. I'm aware, even as of this time,
13 that in Escravos, you cannot get blood. You cannot
14 transfuse him. So --

15 Q Why would he need --

16 A -- again --

17 Q -- a blood transfusion, Dr. Asekomeh?

18 A If he had a ruptured aorta --

19 Q Okay.

20 A -- he would need a blood transfusion.

21 Q It's your testimony that you need a blood --
22 you need to add blood if you have an aortic rupture?

23 A Yes.

24 Q Okay. All right. What about if someone has a
25 dissection? Isn't it true that you're supposed to lower

1 their blood pressure so that they don't worsen the
2 dissection?

3 A Again, I'm not a cardiologist. So...

4 Q Okay. Well, did you ask Dr. Aiwuyo to
5 elaborate on what type of initial stabilization
6 Mr. Snookal would potentially need if something -- in
7 the unlikely event something catastrophic happened?

8 A It depends -- no. So this memo, in conjunction
9 with the opinions of the other two cardiologists, was
10 put in together. So the first thing is that we wanted
11 to know whether we would have warning signs on which we
12 could quickly extract him, and they had said those
13 warning signs were this, this, and this. And
14 oftentimes, when you have these complications, they
15 happen fast, and it could even result in sudden death.

16 Q Okay. But you didn't ask Dr. Aiwuyo whether
17 Mr. Snookal could be stabilized with blood pressure
18 medication, like a pill or an IV; right?

19 A You -- as you mean, the complication is not a
20 rupture. So the answer is no. But if he had a rupture,
21 I know what initial stabilization he would need. You
22 would need to support him with fluids and with blood --

23 Q Isn't it true --

24 A -- which we could not do at that time.

25 Q Isn't it true that in the extremely unlikely

1 could, go quickly to Exhibit 33, if possible.

2 So this was the clearance letter from
3 Mr. Snookal's doctor that you had in your file while you
4 were making this decision; correct?

5 A Correct.

6 Q And you testified that the three cardiologists
7 locally disagreed with Dr. Khan's opinion; true --

8 A True.

9 Q -- which is why you disregarded Dr. Khan's
10 opinion that it was safe for Mr. Snookal to work in
11 Nigeria; true?

12 A Not true. That's not correct. So Mr. --
13 Dr. Khan's conclusion was that he was fit to work in
14 Nigeria. We were on the team on the ground in Nigeria.
15 We considered him working in Escravos. Nigeria is --
16 Nigeria is a big place. As I said earlier, the medical
17 facilities are very (indiscernible). Escravos is
18 removed, and the determination was that he wasn't fit to
19 work in Escravos because in the event anything happened,
20 we would not be able to provide the level of care we
21 need on time. So the conclusion was that he could work
22 in Lagos, Nigeria.

23 Q Okay. I understand that. I understand that.

24 What I'm asking is, you decided that the
25 cardiologists disagreed with opinion that it was safe

1 for him, at least with respect to Escravos; is that
2 true?

3 A Correct.

4 Q But nowhere in the e-mails you exchanged with
5 any of the three cardiologists in Nigeria did they
6 disagree with Dr. Khan's opinion; did they?

7 A They did. The conclusion here was that in the
8 event anything happened, all three cardiologists agreed
9 the facilities in Escravos will not be able to manage
10 Mr. Snookal's condition. They did.

11 Q Would you be surprised to learn that
12 Dr. Akintunde and Dr. Adeyeye, these cardiologists
13 testified that they were not expressing any opinion with
14 respect to Mr. Snookal's fitness for duty?

15 A Yes, because, ultimately, that determination is
16 made by me as the organizational head physician. He
17 consulted cardiologists. But as I said earlier, in the
18 very first e-mail that was sent out, my consultation
19 directly asks them three questions. The first question
20 was --

21 Q Thank you. Thank you, Dr. Asekomeh.

22 I guess I'm asking: Where in any of the
23 e-mails where they wrote their opinions to you, did they
24 conclude it's not safe for Mr. Snookal's in Escravos?

25 A So -- so -- so when you look at those e-mails,

1 A Correct.

2 Q And had -- at that point in 2019, had you ever
3 been to Escravos?

4 A Yes, I was going to Escravos and doing two
5 rotations, two weeks each, every month, for weeks.

6 Q So is it fair to say you were familiar with the
7 conditions in Escravos?

8 A Definitely, very familiar.

9 Q And you currently work in Escravos; right?

10 A I do. I've been working in Escravos since is
11 2020 to date.

12 Q And can you describe the medical facilities in
13 Escravos?

14 A So in Escravos, we have two small clinics.
15 There's a joint venture clinic where I work currently on
16 the EGTO side, which is the Escravos gas-to-liquid side.
17 It's a small clinic. We now have a complement of three
18 doctors on ground and nurses in both clinics.

19 Q Is there a hospital in Escravos?

20 A No, there's no hospital in Escravos. It's
21 actually an off-shore location. It's a small island
22 somewhere on the Atlantic Ocean.

23 Q What type of medical situations are the
24 facilities in Escravos capable of handling?

25 A So basic medical care. We treat some fever,

1 some malaria, some minor injuries. So we have
2 patient -- or workers who come in, who blood pressure
3 medication -- have them -- it's just the basics, nothing
4 surgical, no surgeons on ground, no X-rays, no
5 ultrasounds, no CT scans. Not labor of care, very
6 basics.

7 Q And maybe this is obvious, would you -- would
8 the facilities in Escravos be capable of handling a
9 rupture or dissection of an aortic aneurysm?

10 A Definitely not. Definitely not, no.

11 Q Okay. I'm going to switch gears. I know we've
12 talked about Mr. Snookal's fitness for duty evaluation.
13 I want to give a little more background in that regard.

14 First, what exactly do you do when you're
15 conducting a fitness for duty evaluation?

16 A So the process in a fitness for duty
17 evaluation, as I said earlier, we have employees go back
18 and forth. The employees going from Nigeria to the U.S.
19 or U.S. to Nigeria. So if an employee from Nigeria is
20 going to the U.S., we do a full medical screening, blood
21 works, lab tests, take history, doctor's examination.
22 And the same thing happens in the U.S.

23 The second part of it is that once it is
24 concluded, the package is sent in. Like, for example,
25 those coming from the U.S. to Nigeria, those results,

1 the history is sent to the team on ground to look at
2 those results and make sure they are complete and make a
3 determination whether they're fit to come work in
4 Nigeria or not.

5 Q Why does the team on the ground get to make
6 that determination?

7 A Okay. The reason is that the team on ground
8 will have to determine if there is background with that
9 condition, whether that person will be able to work here
10 in times of complications or if there was need for --
11 need for medical care while on ground in Nigeria. So
12 the team on ground in Nigeria really knows what is
13 available in what location.

14 Q And I think we all know -- so Mr. Snookal was
15 deemed not fit for duty to work in Escravos, deemed fit
16 for duty to work in Lagos; correct?

17 A Correct.

18 Q And who made that decision?

19 A The team on ground made the decision. I made
20 the decision as the occupational head physician on
21 ground that day.

22 Q And I know you've touched on this, but why was
23 Mr. Snookal not deemed -- deemed not fit for duty in
24 Escravos?

25 A So, again, the facilities are available in

1 Escravos. In Escravos, as I said, there are basic
2 medical things we do, not necessarily complex cases.
3 That's the primary reason.

4 And if you take it for that, as of that time,
5 whenever there are cases -- difficult cases in Escravos
6 that needs to be taken out for further care, we'll then
7 be medevac to Warri almost 90 percent of the time or
8 very, very legal. And in Warri, we have a
9 hospital where I'm presently at that has suddenly to get
10 at a facility and without -- more manpower on ground.
11 So, like, in the Warri hospital, we have a tier that --
12 with all the facilities for X-ray and all of that.

13 Okay. If you also look at it, if there was a
14 rupture or a dissection in case of Mr. Snookal, it was
15 going to require not any doctor, where it was going to
16 require cardiothoracic surgeon. Even as a doctor and
17 even though we have a cardiothoracic surgeon here in
18 Warri, that cardiothoracic surgeon will have to be
19 brought in from Benin, which is another, like, one hour
20 and half hour away from Warri itself or brought in from
21 Lagos, which is like two -- two hours -- one hour, two
22 hours by flight from Lagos to Warri. So outside the
23 facilities, the manpower was the strong issue too.

24 Q What would have to happen to evacuate someone
25 from Escravos to Warri?

1 A So to evacuate someone from Escravos to Warri,
2 the process usually is that once that determination is
3 made, the evacuation team is contacted, (indiscernible)
4 a helicopter to do that medevac. And there's a few
5 helicopters. Helicopters are used to fly to other
6 remote facilities. So we have Escravos, and then we
7 have platforms where the production takes place. So
8 these choppers are always on the move. So you have to
9 get to one, and then you have to consider other
10 variables, whether it was raining or not raining,
11 whether it's a night flight or no night flight, none of
12 those vehicles come. So it's not like we have a chopper
13 standing there waiting for that emergency to happen.

14 Q Is there a -- a plane in Warri set and ready to
15 take off in case there is a medical emergency?

16 A Definitely not. There is no -- there is no --
17 there is such -- such plane doesn't exist. And we don't
18 have a medical plane. They are commercial flights and
19 the -- and helicopters.

20 Q And you mention the rain. Why would the rain
21 be a problem?

22 A Oh, Escravos is in the -- it is on the south --
23 south side of Nigeria (indiscernible), which is a
24 mangrove-y area. It almost rains, like, half of the
25 year. So the weather is very, very unpredictable.

1 And...

2 Q And would the rain potentially prohibit
3 flights?

4 A Definitely. There is no way we're going to do
5 a immediate evacuation with a helicopter. That would be
6 putting the life of the person and the pilot and even
7 the medical team who are accompanying that flight at
8 high risk.

9 Q What about sand storms?

10 A Everything happens in Escravos. I don't know
11 if you're familiar with the weather -- weather is like
12 you have in southeast Asia, a lot of rain, a lot of
13 thunderstorm. And you have to factor a lot of that in
14 when you have medical emergencies.

15 Q How do you evacuate a patient if air transport
16 is not available?

17 A So next -- next available means will be to go
18 by boat. Again, that becomes about a four-hour boat
19 trip, and that boat trip has to be accompanied by
20 military escorts because of the high risk of being
21 kidnapped and a lot of risk involving the waterways.

22 Q Are there any roads from Escravos to Warri
23 or --

24 A No, none. None.

25 Q Lagos, I was going to say.

1 A No roads. So you have to first of all get a
2 blessing from Escravos to Warri and if you decide to
3 then go to Lagos, you go by road or you go by flights.
4 But there is no road from Escravos to Warri.

5 Q And did all of these concerns factor into your
6 decision to deem Mr. Snookal not fit for duty in
7 Escravos?

8 A Definitely. Definitely. As I said, the risk
9 of a dissection or rupture, you want to be very quick in
10 what you are doing. You want to save time and all of
11 these considerations are top considerations you have to
12 follow.

13 Q Realistically, how long could it take to
14 evacuate a patient with I dissected or -- or ruptured
15 aortic aneurysm to the closest hospital?

16 A So -- so where Escravos is located to the point
17 of medevac which would be toward the chopper, you would
18 have to pray that all of the variables are dead whether
19 it is good or all of that. So chopper time from
20 Escravos to Warri, is 30 to 35 minutes. But with all of
21 these variables, it could be two hours. It could be ten
22 hours. It could be 12 hours.

23 Q And based on your knowledge of the conditions
24 in Escravos and based on your discussions with the
25 cardiologists that we've already talked about, if

1 Mr. Snookal had a ruptured or dissection in Escravos,
2 what do you think would have been result?

3 A Oh, I doubt if he would survive it. It is not
4 likely he would survive it.

5 Q And what about other people? Did the potential
6 impact on other people factor into your decision?

7 A Yes. As I said, the bulk of it was the fact
8 that it could lead to fatality for himself. But, again,
9 when you work in operations, as I said earlier, even the
10 office this manager asked to visit sites and look at
11 what a team on ground does. Any rupture in a location
12 like that could put us at risk.

13 Q I want to go back to the decision-making
14 process. You've talked about it, but I don't know if we
15 have laid it out in a linear fashion. So I want to give
16 you an opportunity to do that. What is the first thing
17 you did with respect to Mr. Snookal's evaluation?

18 A So when documented task to mean, first thing
19 you do is that says this documents have been sent to you
20 to do a review. So you go into the medical report and
21 look at the document that I've been sent. This would
22 include his medical history, a doctor's physical
23 examination, the laboratory investigation and any other
24 investigations. So from his medical history as stated a
25 dilated aortic root. He also had attached to his

1 documents the CT scan the had been done and
2 echocardiogram, which are not routine. So that already
3 shows that additional tests had been done.

4 So in viewing this review, I knew that we were
5 going to need further review of this case. So I
6 informed my supervisor that this is not a
7 straightforward case, and it is going to take time to
8 review.

9 The next thing I did was to then look at all
10 the documents and bring in a team of cardiologists on
11 ground at Escravos, who was then stationed in Escravos.
12 And then we had the cardiologist here in Warri with me.
13 And so I sent them a summary of this case, the CT
14 reports and the echo reports. We asked for a medical
15 review, and ask basic question: Can we handle this in
16 Escravos? Are there warning signs if he was getting
17 worse. Are there signs where we get him or get him out.
18 And if there was complication or rupture or dissection,
19 could we handle this in Escravos.

20 So I then waited for the review, put all of
21 review together. We did a back-and-forth e-mail. I did
22 the review and submitted the review and then condition
23 on ground in Escravos the fact that he had a risk of
24 rupture, even though they knew there was no risk and
25 that if there was a rupture, the chances that you will

1 make it alive out of Escravos was very slim, considering
2 the facilities on ground and the situation we're even to
3 do that medevac was not guaranteed. That determination
4 was then made that he wasn't fit to work in Escravos.
5 He would be fit to work in Lagos for the fact that we
6 had more facilities on ground in Lagos.

7 Q Just so we're clear, the three cardiologists,
8 that's Dr. Aiwuyo, Dr. Adeye, and Dr. Akintunde; right?

9 A Correct, right.

10 Q And we've looked at some of the e-mails with
11 those three cardiologists already. I don't want to
12 cover ground we've already covered.

13 MR. MUSSIG: But if we could pull up
14 Exhibit 59.

15 BY MR. MUSSIG:

16 Q And it is a two-page document, Doctor. Really
17 it is titled "Summary of Cardiology Opinions, NMA
18 Cardiologists." I only have a couple of questions about
19 this. First, what is NMA cardiologist mean? Are you --
20 first let me ask: Are you familiar with this document?

21 A Yes, I am.

22 Q And what does "NMA cardiologist" mean?

23 A So -- so the NMA is actually an acronym for
24 Nigeria Mid-Africa. That's the business units. It's
25 its own business unit that is also called Nigeria

1 Q Okay. You were asked some other questions
2 about Mr. Snookal's treating cardiologist here in
3 Los Angeles, including the fact that he would have
4 cleared Mr. Snookal to work in Nigeria. Did that factor
5 into your decision?

6 A No.

7 Q Why not?

8 A The reason is even the -- the work in Nigeria,
9 it is -- Nigeria is a big country. We -- as a doctor on
10 ground and the cardiologist on ground, they knew already
11 that the facility in Lagos is totally different that is
12 what is available from Warri to Escravos. The mere fact
13 that we don't have a cardiologist in Escravos speaks for
14 the fact that that is already a country like Nigeria.
15 Escravos is a place that is removed where you have no
16 facilities on ground.

17 I also shared about the cardiothoracic surgeon.
18 In the whole of -- even if you are able to bring him out
19 to Warri, the nearest cardiothoracic surgeon we have is
20 in another town -- another town called Benin City. We
21 have no cardiothoracic surgeon even in Warri. So based
22 on the facilities on ground and the ability to manage if
23 there is any complication, Escravos was and no-no that
24 is why the conclusion was work in Lagos.

25 Q And you also testified, I believe, that you

1 missing test, we contact the U.S. team and U.S. team
2 would then contact him.

3 Q But did you think that was necessary in this
4 case?

5 A No, it wasn't necessary.

6 Q And you testified that the work history wasn't
7 relevant to your decision. Why not?

8 A It wasn't. The decision was if he had a
9 medical condition, the medical condition had a risk of
10 having complication. It was coming to work in a
11 location where we could not handle that complication.
12 So it was mainly the professional and moral obligation
13 of if something happens to him knowing he has this
14 condition and we make this condition knowing that we
15 don't have the facilities to manage him on ground. So
16 the moral obligation was to put him in a place where we
17 could help him and that was Lagos.

18 Q Did you say there was a moral obligation?

19 A Definitely. When you take these decisions,
20 they are difficult decisions to take. And you are
21 looking at a human life at stake here. So he had a
22 condition where if he had a rupture in this type of
23 location, in a -- in a country where the medical
24 facilities are not that developed -- and not only was it
25 not developed, he was now going to a very remote

1 location in that country. That was double -- double
2 problematic for providing help if he needed that help.

3 Q Last question, Dr. Asekomeh: As you sit here
4 today, do you believe you made the right decision?

5 A Definitely, we made the right decision. The
6 decision is to ensure that when we are aware there's a
7 risk, no matter how low it is, we make the decision to
8 protect life. And so that was why that decision was
9 made.

10 MR. MUSSIG: No further questions.

11 THE COURT: Any re-cross?

12 MS. FLECHSIG: I just have one very brief,
13 thing.

14 **REDIRECT EXAMINATION**

15 BY MS. FLECHSIG:

16 Q Dr. Asekomeh, you made a point that I was very
17 confused by. Are you saying that you were also
18 concerned about Mr. Snookal being a harm to others if he
19 had an aortic rupture?

20 A That is a possibility, yes.

21 Q Isn't it true that at your deposition, you
22 couldn't think of a single example, except if he fell on
23 someone else while the aortic rupture happened to
24 happen?

25 A So that was an example I cited. The background

1 Q That's why you were saying that the fact that
2 he was a rotator would even decrease the risk; correct?

3 A Correct. It's more complicated than that
4 because of the pressures and stress --

5 Q Thank you, Dr. Levy. You've answered my
6 question.

7 So why don't you look at the top of page 2.
8 And at the top of this page 2, you are now sending an
9 e-mail to Dr. Paul Arenyeka; correct?

10 A Correct.

11 Q And in this e-mail, you say, "I had a
12 conversation Mark Snookal's nephrologist" -- you
13 probably meant the cardiologist?

14 A Yeah, cardiologist.

15 Q Cardiologist. [As read]: "-- and the info is
16 below. Although not without some risk, I don't think
17 we're dealing with high risk. We can make -- we can
18 mandate yearly clearance and report from" --
19 cardiologist; right?

20 A Correct.

21 Q "-- on yearly basis. Risk is even lower when
22 you consider that he'll be a rotator."

23 You wrote that to Dr. Arenyeka?

24 A Correct.

25 Q So despite the fact that you said what you

1 health and safety."

2 This is your explanation -- part of your
3 explanation to Mr. Snookal; correct?

4 A Correct.

5 Q And again, the direct threat you're referring
6 to is the possibility that Mr. Snookal could have an
7 aortic event in Escravos; correct?

8 A Correct.

9 Q If you look at paragraph 4, the next paragraph,
10 where it starts "We certainly," towards the middle, it
11 says, "The concern is that if the condition were to
12 occur, the outcome could be catastrophic and would
13 require an immediate emergency response, which is not
14 available, and would most certainly result in death in
15 Escravos."

16 So that was your concern?

17 A Absolutely.

18 Q And that is what you expressed to Mr. Snookal;
19 correct?

20 A Correct.

21 Q Isn't it true that you were involved in a case
22 of an employee who had an aortic aneurysm
23 that required -- that ruptured in Kazakhstan and the
24 patient subsequently died?

25 A Yes, that case happened. I wasn't directly

1 does not presently interfere with his ability to perform
2 the job?

3 MR. MUSSIG: Objection; calls for a legal
4 conclusion.

5 THE COURT: All right. I'm going to overrule
6 it, but I'm going to just explain to the jurors that
7 counsel -- neither counsel can state what the law is. I
8 have to instruct you on that at the end. But -- so to
9 the extent a question may have -- may relate to the law,
10 it's what was said or what wasn't said, that can be
11 answered. But don't take from the question -- the
12 question itself that a principle of law is correct or
13 incorrect.

14 Okay. So yes, you can answer the question,
15 Doctor. Were you -- essentially, were -- did someone
16 from Chevron ever say that to you -- to your knowledge?

17 THE WITNESS: I don't understand the question
18 completely. And I can explain. Different jobs have
19 certain criteria for allowing or considering someone to
20 be fit. Like pilots, pilots can't function with certain
21 medical conditions, lots of them. You are allowed to
22 disqualify them if they can't -- same thing for a
23 driver, same thing for police and fire fighters.

24 This is a safety-sensitive job working with
25 hydrocarbons, heat, fire. And a person has essentially

1 a time bomb in their chest with a 2 percent risk of it
2 going off at any time. There is significant risks
3 that's here. And so I don't see that as -- I don't see
4 the company has no ability to make a decision on that
5 person hurting themselves, others, or the community.

6 So -- so I don't understand the -- the answer to the --

7 BY MS. LEAL:

8 Q Let me see if I can clear it up. And I
9 apologize. It may have just been me.

10 So did anyone at Chevron, including human
11 resources, tell you that the employer can't say, "We're
12 not discriminating. We're not discriminating based on
13 disability. Because of a potential future risk,
14 something might happen to them." If the employee today
15 can perform the job, they can't discriminate. Did you
16 understand that?

17 A I -- I understand what you're saying.

18 Q Answer my question: If the employee can
19 perform the job today, can the employer deny a position
20 to the employee, yes or no?

21 MR. MUSSIG: That calls for a legal conclusion.

22 THE COURT: Sustained.

23 BY MS. LEAL:

24 Q So I don't think I got an answer to my
25 question, however, because it wasn't very clear

1 obviously. So did anyone at the company instruct you --
2 tell you in any way that it's not a defense for them to
3 say that an employee has a disability with a future risk
4 as long as they can do it today?

5 A The company has -- we have a duty to care for
6 our employees and the inability to care for him at Lagos
7 and Escravos created the issue for us. If -- if we were
8 able to manage that risk, we wouldn't -- we would have
9 let him goes to Escravos. We offered him to go to
10 Lagos, another position, another location. They just
11 weren't available to him.

12 Q Thank you, Dr. Levy. That wasn't my question
13 though. My question was whether or not anyone at
14 Chevron, including human resources, told you that it was
15 not a defense that the employer -- the company could not
16 say, "Well, we'll deny the position because of a
17 potential future risk." Was that ever said to you?

18 A That conversation?

19 Q Yes or no?

20 A No.

21 Q Thank you.

22 MR. MUSSIG: I don't have anything further,
23 Your Honor.

24 THE COURT: All right. Any redirect? Yeah, I
25 guess it would be redirect.

CROSS-EXAMINATION

BY MR. MUSSIG:

Q Dr. Levy, in a case like this where there's been a determination that an employee is not deemed fit for duty because they could potentially die, what is your primary concern, legal concerns or other?

A It is a safety of the employee and the workforce. The people they work with. That is my main concern in that situation. I'm glad that nothing happened to Mr. Snookal. I'm glad things went well, but as you saw from the list earlier, we deal with emergencies all the time. We have fatalities that happen. I'd much rather be debating something like this than the opposite end then have to explain to a family why something -- why we allowed somebody to go to a location where we can't keep them safe or healthy.

Q We heard testimony that, at least one doctor, felt there was a moral obligation here. Do you feel there was a moral obligation?

A A moral obligation to protect the employee from a dangerous condition, absolutely.

Q And you testified earlier this is a dangerous place; right?

A It is. It is a remote location. There is no medical care outside of what we provide. There is no

1 EMS. There is no police. There is no hospitals.

2 The -- and the ability -- and we mentioned that earlier
3 about the Kazakhstan case. There are hospitals in
4 Kazakhstan where an individual would be able to go to.
5 In a short period of time, they were stabilized. We're
6 waiting for a plane to come in.

7 There is no such thing as this in Escravos.
8 This person would have been in an outpatient clinic on a
9 bed with doctors who have no idea how to deal with --
10 wouldn't be able to recognize -- if they think it is a
11 heart attack probably or something else and treat it as
12 a standard heart attack as opposed to a rupturing
13 artery. Even if we made it to Lagos, the reality is
14 that the hospitals don't have the ability to support
15 this.

16 Average age of -- average life span of a male
17 in Nigeria is 53, and in the U.S., it is about 78,
18 79 years old. The number one cause of death there is
19 malaria. Where they spend their resources and how and
20 what resources they have are very different than they
21 have here in the U.S. And so even if we got -- even if
22 an event happened and we got someone onto Lagos, the
23 first thing I would have tried to do after they
24 stabilize him was fly him out someplace else to another
25 country that has the competency to be able to manage

1 that risk.

2 So it is complicated, yes. Escravos is the
3 worse place. But I wouldn't have been happy with him
4 having that event in Lagos because it would have taken a
5 military-like operation, if at all possible, to get him
6 into a -- a location that has a sort of western standard
7 of medicine.

8 Q And we saw a document a few minutes ago showing
9 there were a lot of medical evacuations from Escravos
10 over the years; do you recall that document?

11 A That is correct. Yes, I do.

12 Q So why not just let Mr. Snookal work in this
13 location with his 2 percent risk?

14 A So it's -- 2 percent is significant. So those
15 other cases go in without that 2 percent risk, so events
16 do happen. Any of us can have an appendix rupture at
17 any time without warning. The issue there is that
18 because the team is busy dealing on managing the work
19 force, a case like this where we couldn't move him
20 because he is unstable would tie up resources for the
21 rest of the camp.

22 We wouldn't be able to manage the rest of
23 anything else that is going on there for anyone else to
24 get hurt or injured. And while -- in this case it would
25 have been Mr. Snookal -- while Mr. Snookal is

1 incapacitated --

2 THE COURT: Slow do down a bit.

3 THE WITNESS: Sorry, it's the New York in me.

4 A So while Mr. Snookal was -- in this example --
5 incapacitated, management of his team and his
6 responsibilities would be done by who? His replacement
7 wouldn't be there for 2 to 3 days at an absolute
8 minimum, if they left the second he started having chest
9 pain or having an event.

10 So this one event like this would tie up the
11 whole medical system. It would -- if it happened at
12 night, there may be -- we probably would try to call in
13 a late-night helicopter evacuations, which are very
14 dangerous. If the weather wasn't cooperating --

15 THE COURT: Doctor, you're still --

16 A If there were sand storms, we would have to
17 forget any kind of air evacuation, shift to a boat, put
18 him on a boat, call the Nigerian Navy to escort us
19 through the Niger Delta to protect us from the
20 militants, and then get him to Lagos that way, which is
21 a very, very dangerous event and something we try not to
22 do at all cost. And so I'm not talking about something
23 simple. If it were something that we could have managed
24 without expert and specialty care that's -- that's --
25 that wasn't available, we would have had a different

1 decision on this case for sure.

2 BY MR. MUSSIG:

3 Q And you mentioned that late night medical
4 evacuations are dangerous. Dangerous to who?

5 A Dangerous to the pilot, dangerous to the staff,
6 dangerous to the patient. So it's landing at night.
7 That's the issue. That -- no visibility whatsoever.
8 The same issues happen if we have sand storms in the
9 daytime. We have them at night as well. But the night
10 evacuation is much more dangerous and unsafe for a lot
11 of different reasons.

12 Q And have you ever -- you testified that in your
13 position in 2019 you were based in London; right?

14 A Correct.

15 Q And as part of your job did you ever travel to
16 Escravos?

17 A Many times. I can't tell you exactly how many
18 times I've been there, but I was looking at this
19 yesterday trying to count all my trips, somewhere
20 between eight to 15 trips to Nigeria and six to eight at
21 least to Escravos.

22 Q What is travel to Escravos entail?

23 A So it depends on where you're coming from --

24 THE COURT: Counsel, you've gone through all
25 this before, so please move on.

1 them. I haven't dealt with hundreds of them, but I've
2 dealt with a handful.

3 Q And then could we pull up Exhibit 68. We've
4 discussed this exhibit at length. And I don't want to
5 spend a lot of time on it, but I do want to get your --
6 your thoughts on it, on a couple of the points in it.

7 And we've talked about this third -- well, let
8 me -- are you familiar with this e-mail.

9 A I am, yes.

10 Q Okay. And -- and we understand, this is an
11 e-mail that Dr. Khan sent to you after you had left a
12 voicemail for him asking for more information about
13 Mr. Snookal; right?

14 A Correct.

15 Q And let's highlight paragraph 3 where it starts
16 "Mr. MS's aneurysm is relatively small and considered
17 low risk."

18 When you received this, what did you take away
19 from it?

20 A I -- I mean, I think that the obvious issue
21 there to me is the 2 percent or the actual risk. You
22 know, words "low," "medium," "high" don't mean as much
23 to me as the actual -- what is -- what are the numbers?
24 What are we trying to make a decision on? For a one in
25 a million, it's -- we consider that low risk. But 2

1 percent or 1 in 50 chance of it happening is -- that's
2 really the situation that -- that the team and we need
3 to be aware of.

4 Q And how did you interpret this 2 percent?

5 A It's significant. It's significant as far as a
6 fitness for duty decision.

7 Q What -- go ahead.

8 A Generally, the criteria for -- for most fitness
9 for duty decisions in safety sensitive workers are about
10 1 percent, 1 percent or less: pilots, drivers,
11 nuclear -- railroad employees, nuclear regulatory
12 agencies. So 2 percent is significant.

13 Q And did you have any reason to doubt Dr. Khan's
14 assessment of the risk?

15 A Dr. Khan is his treating medical provider with
16 all of his records. The studies he's quoting are
17 reasonable to me. There's no reason for me to have
18 questioned the expert -- not -- not like this. And so I
19 thought that was fair.

20 Q And so did you move forward with an assumption
21 that the risk here was 2 percent or in that range?

22 A Yeah. So -- and I can tell you that studies
23 are one -- with research -- medical research, medical
24 literature, you need to read lots and lots of studies.
25 The one -- there's -- these things happen all the time.

1 There's lots of studies. Sometimes they get done better
2 or improved methods over time, and so you've got to keep
3 up with the literature to try to get some sense of what
4 the current numbers are.

5 You know, if you looked at data from 30 years
6 ago, the numbers would be different because of --
7 because we're looking at -- well, at least as -- as
8 current as possible, yeah, this is as good as we're
9 going to get. And yeah, I try to rely on the treating
10 specialist, the one who knows the patient the best.

11 Q Now, when you first learned about Mr. Snookal,
12 and -- and him reaching out through the Chevron Human
13 Resources, did you do any research to try and wrap your
14 head around -- around this?

15 A I did.

16 Q And --

17 A Again, Internet search, went through -- went
18 through articles on similar cases on -- on --
19 specifically cases where the aorta was of this size,
20 trying to get up sort of a baseline. Again, I'm not the
21 specialist, a cardiologist or thoracic surgeon here.
22 But I am able to -- I understand, and I read medical
23 literature very well.

24 And so I got something that I thought was
25 reasonable as a starting point, with, like, a reasonable

1 decent graph. Showed it to Mr. Snookal and said, "This
2 is what I'm looking at here. I'd like to speak to your
3 medical provider to understand why you -- or you either
4 fit in this -- these numbers or don't fit in these
5 numbers. I want to understand your specific situation."

6 Q And that's what led you to Dr. Khan?

7 A That is; correct.

8 Q And -- but did you speak to Mr. Snookal in the
9 interim?

10 A I don't remember how many conversations with
11 Mr. Snookal I -- I had. But I did speak to him at least
12 once and -- and probably several times via e-mail. But
13 honestly, it's five or six years ago, hard to remember.

14 Q And we saw an e-mail yesterday, and I'm happy
15 to pull it up, if it'll help you. But it's an e-mail
16 exchange between you and -- and Mr. Snookal, and there
17 was a chart. Do you recall that --

18 A I do.

19 Q -- testimony yesterday?

20 A I do, yes. That's what I sent him as my
21 baseline. And so I shared a chart with him, and it had
22 the risks, had risks at about 4 percent, 4 1/2 percent.
23 And I said, "Why don't we start with this." And
24 Mr. Snookal said, "I don't believe that study," or "I
25 don't believe I fit in that study. There's better

1 is different than the data that his -- that his treating
2 specialist referred me to.

3 Q Going back to Exhibit 68 for a moment, if we
4 could, pull up the -- the top of the e-mail, the last
5 e-mail in this chain.

6 Are you able to see that?

7 A Yes, I am, sorry.

8 Q Okay. And so you reply to Dr. Khan. You said,
9 "I'm working with my team in Nigeria right now to
10 discuss" -- can you just give a general overview of what
11 you were discussing with the team in Nigeria?

12 A The -- sorry, I had to review it quickly.
13 So what I needed to review with the team in
14 Nigeria is -- is this discussion, the risks --
15 specifically the risks and the potential outcomes. And
16 so conversation would have went something like I -- I
17 think I spoke with Dr. Khan, the treating cardiologist.
18 And this is -- and here is -- here is the information
19 that he sent. The risk is about 2 percent. There is
20 some risk here, but he's been stable for a few years.
21 So I -- this is not incredibly high risk, you know.

22 And that would have been my -- my conversation
23 with Dr. Arenyeka, to see if this is something that they
24 could accept. And I would say this is one where, again,
25 it's -- if you think -- I mentioned the hospitals

1 earlier. This is one where they run the medical system.
2 They're the ones treating, and they have to feel
3 comfortable taking a hand-off of a medical condition
4 that they may not have experience with or may not have
5 resources to fix.

6 And so that was the discussion. This is the
7 risk. This is what could potentially happen. And he
8 subsequently replied, "That's still too high for us."

9 Q In your position, were you able to overrule
10 Dr. Arenyeka?

11 A No, I can't. I mean, it's the same as trying
12 to send someone to a hospital that can't handle an
13 issue. So no, this is not -- it's their --
14 they're the -- their ability to support the patient is
15 the deciding factor here. And if we could have brought
16 in resources to have helped in a reasonable manner, we
17 would have. But because it's such a remote location, it
18 was -- it wasn't feasible.

19 Q And we actually looked at this e-mail earlier.
20 I'll pull it up again, just real briefly. It's
21 Exhibit 69.

22 A Okay.

23 Q And this is the e-mail exchange between you and
24 Dr. Arenyeka; correct?

25 A That is correct.

1 Q Okay. And he says -- in the e-mail that's in
2 the middle of the page, he says, [As read]: "I still
3 believe -- I believe we should still be very cautious.
4 The risk of an incident, no matter how low, is a major
5 factor in Escravos medical care. Logistics of getting
6 an emergency out of Escravos, especially when there is
7 weather challenge, compounds the risk of an adverse
8 outcome." Did you agree with that?

9 A Absolutely.

10 Q And so when you had reached out to Dr. Arenyeka
11 originally, what you mentioned a moment ago where you --
12 you said, "I understand this is low risk," and you
13 talked about the rotator stuff, were you trying to help
14 Mr. Snookal?

15 A I was advocating for him, yes. He might not
16 have felt that way, but that's what I was doing, yes.

17 Q Okay. And how would you describe
18 Dr. Arenyeka's response?

19 A That was friendly and -- and open. And, I
20 mean, I would say the -- the words that you see here
21 were very similar to discussions that we had of, you
22 know, it's -- you know, we can't handle this. And --
23 yeah, and it wasn't -- it was -- we knew about it, and
24 we knew -- we knew about a 2 percent risk, and it was
25 just hard to say, "Let's ignore it, hope for the best

1 for a few years."

2 Q Okay. I want to switch gears. If we could,
3 pull up Exhibit 70.

4 MR. MUSSIG: The parties have stipulated to
5 admissibility, Your Honor.

6 THE COURT: Go ahead.

7 (Whereupon, Defense's Exhibit 70 is admitted hereto.)

8 BY MR. MUSSIG:

9 Q This is a several-page e-mail. I'm going to
10 start at the first e-mail in the chain, which is on
11 page 3 of the document.

12 Dr. Levy, this is an e-mail from you to someone
13 named Bijo Velante --

14 A Correct.

15 Q -- Mirabueno (phonetic).

16 Who is that?

17 A So when our expats or potential expats are in
18 the process of moving or transferring, we have a group
19 called Global Mobility who serve as sort of their
20 connections or like an HR person -- like an HR person to
21 help and support their move. So I would -- and so this
22 Bijo person would be following up with us saying, "We've
23 got this expat. What is going on? Is he clear or not?
24 The deadline is coming up." And so we would work with
25 Bijo. So in this situation, yes, I notified Bijo that

1 we have an issue and clearance on one of his -- on one
2 of his employees may not happen.

3 Q You say in the e-mail to him -- you introduce
4 yourself. And you say -- in the second sentence of your
5 e-mail, you say, "In short, he can be cleared to work in
6 Lagos and not Escravos. Is there any chance this
7 position can be moved?"

8 Why were you reaching out to Mr. Mirabueno?

9 A At that time, I thought he was the person to
10 ask about negotiating with the business to decide --
11 negotiating with NMA, the Nigeria mid-Africa business
12 unit, on whether this position can be moved. We
13 thought -- Dr. Arenyeka and myself and, I believe,
14 Dr. Frangos in the past had this conversation about --
15 about whether we can support Mr. Snookal in Lagos, and
16 they said, "We can. We'll try." It was still risky,
17 but they were willing to take him in Lagos if the job
18 owner thought that made sense or was possible for him to
19 work out of Lagos.

20 Q What do you mean by "the job owner"?

21 A So it appears to me, based on all of these
22 discussions, that his position was in Escravos in an
23 office managing a team. So the question was: If being
24 in Escravos was the problem, why can't he work in an
25 office in Lagos and manage his team remotely with trips

1 back and forth, potentially, to minimize his time in
2 Escravos? So -- so accommodating -- trying to
3 accommodate the issue.

4 Q Okay. And then Mr. -- going on page 2 of the
5 exhibit, Mr. Mirabueno responds to you. He says, "Hi
6 Scott, it would be best to seek advice from Amaka, the
7 host HRBP." Do you see that?

8 A Yes.

9 Q It is about two-third of the way down the page.
10 What is HRBP?

11 A Human resources business partner. So I think
12 Amaka was the local Nigeria HR person, but I don't
13 remember. It's been a long time. Sorry.

14 Q Okay. And then he asks Amaka -- it says,
15 "Kindly advise on Scott's inquiry below." And then we
16 see above that, there is an e-mail from Amaka, and he
17 e-mails a person named Ciji (phonetic).

18 And do you see that e-mail?

19 A I do.

20 Q And so it essentially asks, "Can this job be
21 moved?" Right?

22 A Correct.

23 Q And if we look at the first page of the
24 document, what was the ultimate response?

25 A Well, the ultimate response, that this position

1 cannot be moved.

2 MR. MUSSIG: Can we go to the first page of the
3 document, please?

4 BY MR. MUSSIG:

5 Q And so ultimately, you respond. It is the top
6 e-mail in this chain. You say, "Understood. I just
7 wanted to confirm"?

8 A It's correct.

9 Q And so you had actually reached out to see if
10 this job could be performed in Lagos?

11 A That is correct. It was part of my
12 responsibility and -- and from a moral and ethical path
13 and also a business path. The business decided that
14 Mr. Snookal was the best person for this job. It's in
15 my best interest to try to make this work and see if we
16 can support him, and in this case, that seems like
17 potentially a reasonable alternative. The challenge was
18 that, you know, their response was that they needed him
19 to perform duty -- job duties in Escravos, and it was
20 not movable. And so that is what the issue was.

21 Q Understood.

22 Last exhibit I'm going to look at with you,
23 it's one we look at before. It is Exhibit 68. Oh, my
24 apologies. It is Exhibit 88.

25 We looked at this before. This is an e-mail

1 you sent to Mr. Snookal on September 16, 2019; correct?

2 A Correct.

3 Q Why did you send this e-mail to Mr. Snookal?

4 A I believe it was a request from Mr. Snookal for
5 something in writing regarding his situation with
6 reasoning. And there is a message somewhere -- an
7 e-mail somewhere where he requested -- again, he
8 mentioned he thought he was being discriminated and
9 requested something and -- a document to explain.

10 Q Okay. And so there is some specific language
11 in the e-mail I want to focus on. Third paragraph, if
12 we can pull that out, you say, "I understand that you
13 are willing to take the risk of potentially dying on the
14 job."

15 What did Mr. Snookal say or do that led you to
16 that understanding?

17 A I believe his message was almost referencing
18 that it's very paternalistic. And again, I'm
19 paraphrasing what he wrote. But there is an e-mail from
20 Mr. Snookal, I think, to Andrew Powers and myself that
21 said that Chevron is taking a very paternalistic
22 approach here, and "If it is my risk, it is my risk" or
23 something similar to that. And so this was referencing
24 that.

25 Q Okay. And then you go on to say in the last

1 sentence, "However, the company does have a right to not
2 engage individuals where their assignment could pose a
3 direct threat to their own health and safety."

4 Why did you say that?

5 A Because -- so this is -- I would say it is a
6 combination of things. But it is a moral and
7 ethical issue. It is also a safety issue. I think that
8 the -- that the concern from us was simply, yes, we
9 understand that he is willing to take risks, and I can
10 appreciate that, but at the end of the day, it's --
11 we've got a duty to make sure he is safe and then also
12 his coworkers and colleagues are safe, as well.

13 And yeah, I -- I -- I think that the key here
14 is that we didn't want him to have a significant issue
15 we couldn't solve or we couldn't help him with. We're
16 not psychic. We can't predict everything that's going
17 to happen, but at the same time, we had a very
18 identifiable risk. And I referred to it earlier as sort
19 of a time bomb in his chest. And to put him in a
20 safety-sensitive position, one where sudden
21 incapacitation could create significant issues for him,
22 for his team, for the environment potentially, was
23 significant, and so that is the reason I wrote that
24 message. I hope that makes sense.

25 Q When you say "for the environment potentially,"

1 what do you mean by that?

2 A So his -- that's a good -- so his job was,
3 again, maintaining and -- and fixing issues at the
4 plant, so correcting problems, so spills into the --
5 into the river, pollution into the air can cause
6 accidents, potentially. Again, this is all natural gas,
7 and heat and pressure explosions happen. We've had
8 these before. I've had two fires in the last three
9 months in -- in different locations. And so failure of
10 him to be able to do his job or to manage his team has
11 potential consequences.

12 Q And if we go to the next paragraph, fourth
13 sentence down, it starts, "While reasonable
14 professionals can debate." Do you see that language?
15 It is the fourth sentence down. It's the fifth line
16 down. It says, "While reasonable professionals" --

17 A Yes.

18 Q -- "can debate the exact percentage, we're
19 dealing with an established risk that is several
20 magnitudes higher than the baseline, and it is a
21 realistic possibility."

22 Is it common for medical professionals to
23 disagree about things like the exact percentage?

24 A Absolutely, absolutely. And it is possible to
25 have differing data to some degree. It may be people

1 with different techniques on how they fix something.
2 The key is mostly trying to understand what this
3 person's underlying risk factors are and then put them
4 into -- get them based on studies that had that specific
5 individual's situation in the studies. And then it
6 takes repeatable results and things like that.

7 So yeah, it is normal to have some did debate
8 on the exact percentage, but from a safety
9 perspective -- or really, it's -- whether it's zero or
10 1.9 or 2.5 or -.4, it is still pretty high, and that was
11 the issue we had. If we -- I would say one percent is a
12 typical standard that we use for -- for the
13 transportation industry and others for safety-sensitive
14 position and -- positions, and Mr. Snookal's risk at
15 that moment was -- was close to 2. And then as we age,
16 the size of the aorta typically grows slightly, and so
17 there was no reason for us to think that the aorta was
18 going to get smaller with time. It's just the 2 percent
19 risk today with potential for it to rise over an unknown
20 period of time.

21 Q Okay. And while there may be a debate about
22 percentages, is it fair to say that ultimately, Chevron
23 had to make a decision?

24 A Absolutely. I think there is -- we -- we used
25 information available to us, and we used a treating

1 medical provider as -- as the expert. And we had to --
2 so the expert gave us the -- a reasonable estimate of
3 the -- of the current risk, and then there was a second
4 piece of it, is the risk tolerance.

5 So the risk tolerance is really the heart of
6 all of this. What was our risk tolerance to accept this
7 case in Escravos? What was our -- how willing were we
8 to have this potential event happen? And that is really
9 what we're fighting over -- or what the debate seems to
10 be over, is our tolerance to have that risk.

11 Q And I think what you had said earlier is that
12 risk tolerance decision rests with the embedded medical
13 team?

14 A Yes.

15 Q Why is that?

16 A Because they're the receiving end of this, and
17 so they're the ones that would have to support. They
18 know their competencies to be able to treat or manage
19 this medical condition. They clearly know what it takes
20 for a medical evacuation to get someone out. So it's --
21 yeah, so they're absolutely the best to -- the best to
22 understand their own capabilities to manage and -- to
23 manage this outcome and what it would take to sort.

24 Q Okay. The last thing I want to talk about on
25 this exhibit is: If we go to the fifth paragraph down,

1 resources on his own to hospitals, emergency rooms, and
2 his own doctors. While he is in Escravos, he lives in
3 an oil camp. It's -- it's our responsibility. It is
4 our medical team. It's our resources 24 hours a day for
5 the 28 straight days that he is on.

6 So there is no going home. It's a -- it is a
7 constant need to support the individuals that doesn't
8 exist in -- in El Segundo. So in Los Angeles, the
9 resources are really, really good and strong and solid,
10 and we can get him where we need to. We couldn't do
11 that in Escravos. That's issue here. That is the big
12 difference.

13 Q And then you go on to say, "We, in fact,
14 discussed whether you could perform this particular job
15 at a different location, in Lagos, but it wasn't
16 possible."

17 We talked about that; right? Do you recall
18 that?

19 A Yes, I -- yes, I do.

20 Q And so that is a conversation you had with
21 Mr. Snookal?

22 A Correct.

23 Q Okay. And then if we take down the
24 highlighting and we look at the bottom of the document,
25 you actually list a number of locations -- foreign

1 locations where he can work. Do you see that?

2 A I do.

3 Q And why did you do that?

4 A Because these were -- I mean, these were
5 literally alternatives. And so the issue was, is that
6 this -- Escravos was the most -- one of the remote
7 places we have on the planet. The risks was high as
8 Iraq or maybe Bangladesh. But this was extremely high
9 risk. And these are all places that I know we could
10 have supported his medical condition. These are places
11 where we have the medical operations that -- that could
12 handle his issue. There were plenty of places here that
13 I would have felt comfortable with him going.

14 And then I also listed some locations that we
15 would have to talk about specifically location
16 dependent -- more individualized assessment for certain
17 things, like offshore work and things like this. But we
18 thought that these -- I thought this would help him to
19 help identify another expat location or another place
20 that he could work should another opportunity arise.

21 This is, like, a very stressful situation for
22 anybody. I mean, it's -- you're offered a position,
23 and you expect to go and then end up -- you know,
24 potentially end up stuck because you can't get a visa or
25 because can't get a medical clearance. And so having

1 other options to work with their teams to help identify
2 location, usually, the first question is, "Okay, if he's
3 not fit for this location, are there any place else that
4 we could send him?"

5 And so I was trying to help by listing a whole
6 bunch of places, places that would be opportunities and
7 definitely would -- would negate the need to be
8 concerned about his underlying condition because we
9 could have sorted them at all these places.

10 Q Okay. Do you believe you did everything you
11 could, reasonably, to help Mr. Snookal in this
12 situation?

13 A I do, I do. I think it's -- I feel like the --
14 this treating specialist was -- was key to identifying
15 the issue. I think trying to find alternative locations
16 for him, having this -- having those conversations with
17 the embedded Nigerian medical team, I think, were needed
18 to understand there is tolerance. And -- but I don't
19 know what else I could have done that would have changed
20 anything here.

21 Q Okay. And I asked this question of
22 Dr. Asekomeh. At the end of the day, this decision to
23 deem Mr. Snookal not fit for duty to work in Escravos,
24 do you -- as you sit here today, do you believe that's
25 the right decision?

1 THE COURT: Overruled.

2 You can answer, Doctor.

3 THE WITNESS: I did not do that because it
4 wouldn't have changed anything. I couldn't send him
5 there without the accepting team giving me the approval.

6 So --

7 BY MS. LEAL:

8 Q And you supervised. You were the leader of the
9 Nigerian doctors; correct? You testified to that
10 yesterday?

11 A No, it was their decision.

12 Q But you said you were their leader; were you
13 not? Doesn't that show -- that's shown in your CV.
14 Your words, you lead a team of about 300 medical doctors
15 in that geographical area; isn't that true?

16 A I lead --

17 Q Isn't that true?

18 A They are licensed medical --

19 Q You lead them?

20 A Licensed physic- --

21 Q Do you lead them, Mr. -- Dr. Levy? That's what
22 your CV says.

23 A I lead them, but it doesn't mean I make every
24 decision for them.

25 Q But you have -- you're very influential; aren't

1 you? You manage \$40 million budget a year. You can buy
2 a plane to Kazakhstan. Aren't you an influential
3 person; yes or no?

4 A I would not have asked --

5 Q Are you an influential person, Dr. Levy?

6 A Potentially.

7 Q Mr. Mussig showed you Exhibit 8, which are the
8 fatalities in Escravos, the list that we obtained from
9 Chevron for a number of years. And he identified a
10 number of them. And you testified that they were
11 contractors, not employees. But we received that list
12 from Chevron. So isn't it true that those contractors
13 still do work for Chevron; correct?

14 A They do.

15 Q Thank you.

16 So you just testified a few minutes ago that
17 you can understand that Mr. Snookal would say why his
18 risk was low, but in your opinion, he had a time bomb in
19 his chest. Do you remember that testimony a few minutes
20 ago?

21 A Yes, I do.

22 Q So did you want no risk in order for
23 Mr. Snookal to go to Escravos and work there?

24 A No, so it's impossible to have no risk. We all
25 have some risk.

1 Q And you wrote a restriction here stating that
2 there's -- that he was restricted from heavy lifting
3 more than 50 pounds. Did I read that correctly?

4 A Yes.

5 Q And you testified that this was because heavy
6 lifting would cause an individual to hold their breath,
7 and that would raise their blood pressure; is that
8 right?

9 A Yes.

10 Q Could other types of physical exertion like
11 climbing a ladder, cause a person's blood pressure to go
12 up?

13 A It can, absolutely.

14 Q Could stress or other stress conditions cause a
15 person's blood pressure to go up?

16 A Absolutely.

17 Q Could lack of sleep -- or regular sleep cause a
18 person's blood pressure to go up?

19 A Lack of regular sleep? Is that your question?

20 Q Yes. Lack of regular sleep.

21 A Yes.

22 Q Thank you.

23 A Any disruption in his usual circadian rhythm
24 could definitely aggravate blood pressure.

25 Q Thank you.

1 A They offered say 3 to 4 years -- the offer
2 letter.

3 Q And how long have you actually now been in
4 Escravos?

5 A Four years and three or four months.

6 Q So you're going on your fifth year in Escravos?

7 A Yes.

8 Q Okay. And how is it that you went from an
9 offer of 3 to 4 years in Escravos to now going almost
10 five years? What did you have to do?

11 A Okay. Actually, I was already informed that I
12 would both move of any other people that original of the
13 four years. However, Chevron has a transformation now
14 in the organization. That means it is going to be
15 complete next month, and they put on hold all the
16 changes.

17 Q Okay. So there was a transformation -- if I
18 understood, there is a transformation and as a result of
19 that transformation, you continued as the REM in
20 Escravos?

21 A Yes.

22 Q Okay. So you've been in Escravos since when?
23 Late 2020, early '21?

24 A Yeah, 2021.

25 Q Early 2021, thank you. Now, I understand that

1 Chevron has what are called PSGs, or pay salary grades?

2 A Yes.

3 Q You understand that?

4 A Yes.

5 Q And at the time that you were given the offer
6 in October of 2020 to be the REM in Escravos, what
7 PSG -- what pay grade were you offered?

8 A 35 -- actually, 30. The position is 24, place
9 and my -- my PSG at that time was 25.

10 Q Okay. So you were offered a 24 in October of
11 2020, and you're currently a 25?

12 A Yes.

13 Q And when did you become a 25?

14 A No, I -- as I said, the offer was 24 because
15 the position is blocked for 24. It is a place position.
16 I was already 25 when I got that position.

17 Q I see. So when they offered you the position
18 in October of 2020, you were a 25, but they gave you a
19 24?

20 A Yes.

21 Q Yes?

22 A Yes.

23 Q Okay. As a result of that, did you lose any
24 money?

25 A No, I didn't lose any benefit.

1 Q So they kept you at your same salary?

2 A Yes.

3 Q Okay. Now, is it correct that because you're
4 in Escravos, that you receive what is called a location
5 premium -- a 55 percent on top of your salary.

6 A Yes. Basically, due to the risk of the site.

7 Q Due to the site, yes.

8 And during the time since October 2020, when
9 you're offered the position, you were offered position
10 as a rotator; correct?

11 A Yes.

12 Q And my understanding is that a rotator means
13 you worked for 28 days in Escravos and then you come
14 home for 28 days. And you don't work, or you do
15 whatever it is you want to do during those 28 days;
16 correct?

17 A It is supposed to be like that.

18 Q Okay.

19 A In many opportunities, you need to continue
20 supporting the facility from home for a specific task.

21 Q If someone comes up, then you should --

22 A Yes.

23 Q -- respond to Chevron, you're saying?

24 A Yes.

25 Q Okay. But in essence, you really only work six

1 months out of the year?

2 A Yes.

3 Q Okay.

4 A Actually, the way that it has been explained,
5 even to our -- is that because we work there 12 hours a
6 day for 28 days, you are actually working the double of
7 time -- total of time is really one year work.

8 Q Because?

9 A Focus on six months.

10 Q So what I'm understanding you is when you're in
11 Escravos, you don't really have a whole lot of time off
12 because all you're doing is working?

13 A Well, Monday through Sunday, 12 hours a day.

14 Q So --

15 A And you also have to be available at night.

16 Q If need be?

17 A If needed, yes.

18 Q Okay. When you're in Escravos you don't have
19 to pay rent, utilities, groceries, anything like that;
20 correct?

21 A Officially not. Commonly, we just take what we
22 ask whatever we with think we may need there.

23 Q So they provide you all of the necessities for
24 living in Escravos during that period of time; correct?

25 A Yes.

1 instrumentation, and analyzers and electrical; is that
2 correct?

3 A Yeah.

4 Q So that was your job -- or is your job, because
5 you're still there?

6 A Yes. That's possibly short way to explain
7 that, yes.

8 Q Okay. And was Amir Zaheer your predecessor in
9 Escravos?

10 A Yes, he was.

11 Q And were aware that Mr. Zaheer received the
12 position in 2019 because Chevron rescinded the REM
13 position to Mr. Mark Snookal?

14 A No, I didn't know about that.

15 Q You didn't know that?

16 A No.

17 Q Okay. Did you ever have a conversation with
18 Mr. Zaheer to ask him how it was that he ended up in
19 Escravos in 2019?

20 A No, actually, I never listened to anybody talk
21 about that in the last four years.

22 Q Okay. All right. So Mr. Zaheer obviously
23 stopped being the REM, reliability engineering manager,
24 in Escravos because you then came in -- the offer came
25 in in October of 2020. Do you know why Mr. Zaheer

1 stopped working in Escravos?

2 A Due to the transformation of that year, Chevron
3 and other companies have what we call posting, the
4 position was posted out. I think it was about 19 people
5 in that competition. Amir was one of that. I was also
6 one of that. I was the -- the finally selected one.
7 Amir was not acumen -- he was acumen, but he wasn't
8 selected for the position. They made a comparison
9 between Amir, the other 18 people, and myself.

10 Q I see. So you're saying that in 2020, there
11 was a company transformation, and people were encouraged
12 to apply for the position. He applied, you applied, 18
13 other people applied, and you ended up getting the
14 position?

15 A Yes.

16 Q Got it.

17 A Yes.

18 Q I assume you like being in Escravos since
19 you've been there almost five years?

20 A Sorry, can you repeat?

21 Q I said I assume you like being in Escravos
22 since you've been there almost five years?

23 A Yes.

24 Q Do you intend to stay working in Escravos?

25 A Actually, it will be depending on Chevron;

1 however, as I understand, because I'm already four
2 years -- I've been working there four years, I cannot
3 continue working there. Same thing with other two or
4 three people that I know, that they were also informed
5 that. About four years, they cannot continue working
6 there.

7 Q Is that because of the Nigerian Government
8 would not approve another visa for you?

9 A Yes.

10 Q All right. So I assume you like being an
11 expat?

12 A Huh?

13 Q Yes?

14 A Actually, that position, as I said, was not
15 because I was looking to be an expat. At that time,
16 Chevron just post a pool of positions. You apply for
17 them, and then Chevron come back with which one that
18 they want to give to you. At that time, I was also
19 posting my name to some position in the U.S.

20 Q Right. So that's why you applied in October --

21 A Yes.

22 Q -- or maybe a little before October; then
23 October, they offered you the position --

24 A Yes.

25 Q -- in 2020?

1 A Supporting offshore.

2 Q And where did you work?

3 A Onshore, EGTL, gas-to-liquid plant.

4 Q Onshore, okay.

5 And do you know if these offshore employees,
6 whom you believe may also be included here on Exhibit 8,
7 if they also -- if they -- if they're sick or ill or in
8 an accident, if they also have to be transported away
9 from Escravos?

10 A I'm actually not aware, but I think that
11 they're -- they need to be done, then they will be
12 admitted back. But I'm not aware of that. As I say, a
13 different facility, possibility no.

14 MS. LEAL: Okay. I don't have anything else.
15 Thank you.

16 THE COURT: Okay. Direct?

17 **CROSS-EXAMINATION**

18 BY MR. MUSSIG:

19 Q Good afternoon, Mr. Malpica. I just have a few
20 questions. And my first -- I think this is probably
21 clear, but just -- and I don't think this is disputed.
22 Do you understand that the position you're in is the
23 position that Mr. Snookal had applied for?

24 A I understand that. I understand that.

25 Q And can you tell us a little bit about the job?

1 What do you do on day-to-day basis?

2 A We start at 6:00 a.m. At that time, we have
3 about one hour to know what happened the night before,
4 all other team's maintenance, operation together before
5 the meeting at 7:00 a.m. with the GM. After that,
6 normally three times, four times a week, I go to the
7 plant. I meet the people. We decide what to do. We
8 decide what -- whether it's a routine day. Then we just
9 decide to work with meetings or go to the plant. And if
10 that is something that is being -- happening the past
11 few days, happen the night before, we just go to the
12 plant with engineers and technician. We call
13 maintenance as to what to do.

14 Q Now, we've heard the term "office-based job" or
15 "desk-based job." Is any part of your job performed
16 outside of an office?

17 A Yes.

18 Q Can you explain that?

19 A Yeah, commonly we're responsible of providing
20 maintenance. We advise on side for repairs. We also
21 are the reliability team, the one providing the
22 inspection and the -- for the work done by maintenance.
23 And in many cases, also, we need to perform, I mean, in
24 general, inspections of equipments. Then we have -- as
25 a leader, I'm not going to say that we are all

1 hundred percent with the people, but to be able to --
2 to -- to provide the analysis, we need to go there and
3 support the people on site. And that need happen
4 possibly three or four times a week, at least.

5 Q Is it a physically demanding job?

6 A Yes. Mainly -- let me then say that mainly due
7 to the environmental condition of the facility, it might
8 be very easily around 36 to 40, 44 centigrade degrees.
9 We then mark succession (indiscernible) that you can
10 Google, maybe 44 to 48.

11 Also, with regard to the -- to the -- it is a
12 facility, and sometimes you need to go up and go down
13 and definitely -- it is a demanding job. If you need to
14 go to possibly -- like, if you go to 10-, 15-story
15 buildings twice or three times in the morning, if you're
16 not in such condition that you can do that, you will be
17 like, ready to say that. You can go to 10-, 15-story
18 building up and down.

19 Q You're climbing stairs?

20 A Sometimes they're just standard ladder, but in
21 many cases, it's like the one we call a cage -- cage.
22 It's a ladder. You need to use both type of ladders.

23 Q So 10 to 15 stories of ladders and stairs?

24 A Sometimes, yes.

25 Q And you mentioned the temperature in

1 centigrade. Could you transfer that to Fahrenheit?

2 A It should be about 114, 120. I need to...

3 Q 114 degrees Fahrenheit?

4 A Yes.

5 Q And how many hours a day do you work?

6 A Minimal, 12. The position commonly --

7 officially, we work 12 hours. Commonly, after 12, you

8 can -- I was just chatting with my supervisor now, and

9 we go 7:00, 7:30 because that's when we have the chance

10 to reply e-mails and to work on some other respond

11 that (indiscernible). Nobody is interrupting us at

12 night. But yes, commonly at least 12 hours a day.

13 Mondays at -- 28 days.

14 Q And I think you had referenced during your --

15 during your testimony previously -- that the rotator

16 idea, 28 days on, 28 days off. Do you recall that?

17 A Yes.

18 Q And is it always 28 on, 28 off?

19 A No, actually, it is not always. Like, say
20 there is cases in which you need to extend the 28 days.

21 If I say in 2023, I worked 50 extra days on site, for

22 example. And then sometimes you need to work because

23 your backup is not available or there are other

24 conditions, and you have turnaround, and you have been

25 in the position to work more. This year, possibly, I

1 clothes, but you wear the hat. You wear the utility
2 glove and everything, and you also have the gas
3 detector, and you have to take with you a lot of
4 equipment.

5 Q Did you say "gas detector"?

6 A Yes, gas detector. We cannot go to the plant
7 without the gas detector because that can be a risk.
8 Concentration of gases, that can make you to die.

9 Q To die?

10 A Yes, to die.

11 Q As part of your job, is there any risk that
12 there could be some sort of environmental hazard along
13 the lines of, like, an oil spill or something like that?

14 A Actually, the facility -- according to Chevron
15 and the industry standard, we have the classification of
16 the risk. We have -- there is a Risk 1. That means
17 that you may be killing more than 100 people if
18 something happens. But -- from there, we have 2 and 3,
19 that you can be killing 50 people or five people. You
20 are always exposed to that. And then you need to be
21 taking care of any leak or any something that you may
22 have in the facility.

23 Q Now, earlier, you talked about the fact you've
24 been in the position for over four years. Do you recall
25 that?

1 A Yes, a little bit more.

2 Q And you used a term called "must move"; is that
3 right?

4 A Yes.

5 Q What does that mean?

6 A Commonly, when you are approaching the end of
7 your assignment, you are what Chevron -- let's say
8 Chevron. I'm not sure about other. They call that
9 priority move. And you go to the PDC, and you need to
10 go to through this process in which Chevron is posting a
11 position all around globe, and you need to compete for
12 the position that you considered you want to be part of.
13 If you don't -- if you are not successfully on that
14 process that was supposed to be, say, like last year --

15 Q Uh-huh.

16 A -- then you are moved to the next round of
17 these PDC as a must move. It means that you must be
18 taking that position -- position there. Otherwise, you
19 need to leave the company.

20 Q So does it mean you need to move out of this
21 position?

22 A Yes.

23 Q And you used word transformation earlier, and I
24 think you used that synonymously with reorganization; is
25 that correct?

1 A Yes.

2 Q And when did that happen?

3 A You mean, the 2020?

4 Q Fair point. The most recent one?

5 A The one happening now.

6 Q So is it your testimony that you're only still
7 in the position because of this reorganization?

8 A Yes. Otherwise, I should be in -- last March,
9 it would be like the standard PDC process that we have
10 and the standard process for people to be getting in and
11 out of the positions. But due to this transformation,
12 that process was suspended, and the company has -- has a
13 different process that has been a monthly basis by PSE
14 and by facilities.

15 Q Okay.

16 A It is a whole transformation in the company.

17 Q And do you expect to be out of this position
18 relatively soon?

19 A In possibly October.

20 Q You also had talked about the 55 percent -- you
21 talked about a premium payment associated with working
22 in Escravos. Do you recall that?

23 A Yes.

24 Q And is that 55 percent?

25 A Yeah, 55 percent.

1 Q Okay. And you had mentioned it is due to the
2 risk of the site?

3 A Yes.

4 Q What did you mean by that?

5 A If the -- depending on security or safety or,
6 let's say, hardship, Chevron has different ranking.
7 Let's say you work in Australia. Chevron is only going
8 to give you 10 percent -- or Argentina. If you go to
9 Angola, it is 30 percent. If you go to Nigeria, due to
10 the risk and the conditions in which you will be
11 working, Chevron give you 55 with the recognition that
12 you will be really -- I mean, working in a tougher area.

13 Q What you do mean by "tougher area"?

14 A Again, that might be sometimes environmental,
15 security, many other risks.

16 Q There are all those risks in Escravos?

17 A Yeah. They might be risks in Escravos, yes.

18 Q Are you aware of any location with a higher
19 premium?

20 A I think at this time, it is only Venezuela, but
21 I'm not sure. But I think it is one going in
22 competition. Even Iraq is lower.

23 Q Lower than Escravos?

24 A Lower than Escravos.

25 Q Last question: I -- and I just -- I wanted to

1 A Correct.

2 Q And Mr. Snookal filed a written complaint of
3 disability discrimination with you during time that you
4 were the senior HR manager in El Segundo; correct?

5 A Yes, I received an e-mail from him.

6 MS. LEAL: Let's look at that e-mail. Exhibit
7 76 and this is another one, Your Honor, that's been
8 stipulated.

9 THE COURT: All right. Go ahead.

10 BY MS. LEAL:

11 Q Mr. Powers, there is also a mini binder -- a
12 very thin binder in front of you, if you prefer to look
13 at the document rather than the screen. It's in front
14 of you.

15 A Okay. Thank you.

16 Q Okay. So that binder would have a 76 tab.

17 A I'm going to look at the screen.

18 Q Okay. All right.

19 So if you look at page 2 of Exhibit 76, there
20 is an e-mail on the bottom, "September 4, 2019, at 7:21
21 a.m. Mark Snookal wrote"; do you see that?

22 A Yes.

23 Q So is that the complaint of discrimination
24 which you received from Mr. Snookal on or about
25 September 4th, 2019?

1 A Yes, this is when it first came to my attention
2 of what his concern was.

3 Q Okay. And then you responded, "Thank you for
4 bringing this to my attention"; correct?

5 A Yes, it is not on the screen right now, but
6 that is my recollection.

7 Q Okay. Let's make sure that it's on the screen.

8 A That's correct.

9 Q Okay. Thank you.

10 And you acknowledge this e-mail from
11 Mr. Snookal pretty quickly. He sent it to you at
12 7:21 a.m., and you responded at 7:25 a.m.; correct?

13 A Yes, that's right. I was actually traveling
14 that day, and I remember looking at e-mails in the
15 morning and looked at this one and, you know, definitely
16 wanted to show that I was taking it seriously. And I
17 wanted to make sure -- I let him know I got it, and I
18 would need to look into it.

19 Q Okay. It says "PDT" so it was probably the
20 same time as Mr. Snookal, correct, if he was in
21 El Segundo?

22 A If he was in El Segundo when he wrote it, yes.
23 I don't see that on his time stamp.

24 Q And I'm referring to your time stamp.

25 A Okay. Yes.

1 you also did not ask anyone or do anything to find out
2 how long Mr. Snookal had had the dilated aortic root;
3 correct?

4 A That's correct. That would be none of my
5 business.

6 Q Thank you. I understand.

7 But you wanted to do a thorough -- or you said
8 you had to do a complete thorough investigation. So
9 don't you think that finding out how long he had had a
10 dilated aortic root was important and whether or not it
11 had affected his employment at Chevron given that he had
12 already been there about ten years?

13 A Those personal details were not important to
14 me.

15 Q Okay.

16 A It was the doctor's analysis that made it very
17 black-and-white for me. They are the experts. I was
18 not. I should not be asking questions about one's
19 personal health and conditions.

20 Q Wouldn't whether or not Mr. Snookal had had an
21 aortic event ten years before this -- wouldn't that have
22 been relevant to you? Irrespective of whether you
23 thought it was right or wrong to contact Mr. Snookal
24 directly or his doctors, didn't you think that was
25 relevant?

1 A It's -- it's not my expertise. I wouldn't even
2 know where to begin to ask questions on that.

3 Q The only question I'm asking is whether or not
4 you asked Mr. Snookal, "How long have you had
5 this dilated aortic root, and has it ever interfered
6 with your ability to work at Chevron?"

7 A No, absolutely not.

8 Q You didn't do that?

9 A No.

10 Q Okay. Thank you.

11 And as part of your investigation into
12 Mr. Snookal's complaint of discrimination, you also did
13 not review the job description, the reliability
14 engineering manager position; correct?

15 A I don't recall.

16 Q You don't recall doing it, or you just don't
17 recall today?

18 A I, in general, don't recall. This was over six
19 years ago.

20 Q So do you have a recollection of actually
21 having done it?

22 A Done what?

23 Q Reviewed the job description from Mr. Snookal
24 for the reliability engineering manager position?

25 A I don't recall.

1 Mr. Powers. Since you're in the middle of your
2 testimony, there is no discussion with counsel on the
3 topic of your testimony.

4 THE WITNESS: Okay.

5 THE COURT: All right. Let's take our
6 afternoon break.

7 (Recess.)

8 (Whereupon, the following was held in the presence of the
9 jury:)

10 THE COURT: Mr. Powers, you are still under
11 oath.

12 THE WITNESS: Yes.

13 THE COURT: Go ahead, Mr. Mussig.

14 MR. MUSSIG: Thank you, Your Honor.

15 **CROSS-EXAMINATION**

16 BY MR. MUSSIG:

17 Q Good afternoon, Mr. Powers.

18 A Good afternoon.

19 Q You were asked a lot of questions about your
20 investigation after you received Mr. Snookal's e-mail
21 complaining about disability discrimination.

22 Are you satisfied that you conducted a thorough
23 investigation?

24 A Yes, I am.

25 Q And why is that?

1 A I spoke to the experts who were dealing with
2 this medical suitability for expatriate assignments
3 exam, and I fully trust their expert opinion.

4 Q And when you say "experts," you're referring to
5 Dr. Levy?

6 A That's correct.

7 Q And what exactly did Dr. Levy tell you -- or if
8 not exactly, what was the gist of what he told you?

9 A He basically laid it out in a linear fashion
10 for me of, you know, not sharing any medical information
11 because, again, that is not something I needed to be
12 privy to. But he essentially said there is an
13 individual who has been offered an assignment in
14 Escravos and, you know, as usual goes through the
15 medical suitability for expatriate assignments exam, and
16 during the course of that, they found a personal issue
17 that needed to be discussed amongst the doctors, and
18 that discussion happened.

19 They also explored alternative locations for
20 where the individual could do the role. Eventually,
21 that was not deemed suitable, to -- to do the job in
22 another location. And so overall, just the really
23 high-level thorough summary that Dr. Levy gave me, that
24 made me very comfortable with the answer.

25 Q And at the end of it, was it your understanding

1 it was a medical decision?

2 A Yes.

3 Q And would you ever, in your role as human
4 resources, second-guess a doctor's medical decision?

5 A No.

6 Q And why is that?

7 A It's not my expertise.

8 Q Would you ever ask an employee to sign a waiver
9 in a situation where -- so that they could work in a job
10 where this they could potentially die?

11 A No, absolutely not.

12 Q I'm going to look at an exhibit that you --
13 that we talked about before. If we can, pull up
14 Exhibit 76. If we can, go to the second page of the
15 exhibit.

16 So we looked at this e-mail before. This is
17 Mr. Snookal's e-mail to you claiming this decision was
18 discriminatory. We talked about that. We talked about
19 your response to him, and then we talked a little bit
20 about the top e-mail on the page here, where you
21 e-mail -- you forward the e-mail to Mr. -- Mr. Snookal's
22 supervisor, the supervisor above that, and Thalia Tse.

23 And I know we talked about Mr. Tortorich and
24 Mr. Austin. Who is Thalia Tse?

25 A She was an HR business partner reporting to me.

1 the writing of my report, and my position of employment
2 hasn't changed. I've testified in a few trials since
3 then, but it's essentially current.

4 Q Okay. So you're involved in this case because
5 we requested that you analyze Mr. Snookal's economic
6 losses in this case; correct?

7 A Yes. And in -- in addition to my
8 responsibilities at the university, I periodically
9 assist in matters that are in litigation. Usually,
10 attorneys will ask me to calculate something. And in
11 this case, I was asked to calculate the present value of
12 economic losses from lost earnings and employment
13 benefits for Mr. Snookal due to the events in this case.

14 Q Thank you so much.

15 And you created a report sort of outlining your
16 findings and how you got to that opinion; true?

17 A Yes, my report has sort of narrative text
18 describing my calculations. It also includes a couple
19 of tables that show the calculations.

20 Q Thank you so much. I'll -- I'll have you turn
21 directly to that.

22 MS. FLECHSIG: I believe that this has also
23 been stipulated to, Exhibit 148.

24 MS. KENNEDY: Yes. Again, Your Honor, per --
25 per the sidebar, yes, Exhibit 148.

1 THE COURT: All right. Exhibit 148 is
2 admitted.

3 MS. FLECHSIG: Thank you so much.

4 (Whereupon, Plaintiff's Exhibit 148 is admitted hereto.)

5 MS. FLECHSIG: And at this time, we do move to
6 submit Dr. Baum as an expert in economics.

7 THE COURT: Any objection?

8 MS. KENNEDY: No, Your Honor.

9 THE COURT: Okay. Granted.

10 BY MS. FLECHSIG:

11 Q So now you have your report in front of you, as
12 well. Did you review any documents to prepare your
13 report or -- yeah, what did you do?

14 A Yes, I did review some case-specific documents.
15 They are listed in -- as Exhibit B in my report, which
16 is at the very end on page -- I believe it's page 50.

17 Q I think you're right. Yep, you're exactly
18 right. Okay.

19 A And so if you want to show that on screen, page
20 50 would show all the case-specific documents that I
21 reviewed. It included things like tax returns and W-2
22 forms for Mr. Snookal, as well as some information from
23 Chevron as a corporation about its compensation and
24 benefits.

25 Q And in terms of sort of formulating your

1 Q Please. Yeah, why don't you start by telling
2 us why you created two tables, and then maybe we can go
3 through the columns.

4 A Okay. In scenario number 1, which is in table
5 number 1, I am assuming that Mr. Snookal would have gone
6 to Nigeria to work, but he would have remained in grade
7 22. In scenario number 2, in table number 2, I am
8 assuming that by January the 1st of 2020, he would have
9 been promoted to grade 23. So the difference in the two
10 scenarios, the difference in the two tables has to do
11 with whether he stays at grade 22 or whether he moves to
12 grade 23.

13 Q Thank you, Dr. Baum.

14 And I guess is it fair to say that provided
15 both so that the jury can decide, based on the facts,
16 what's appropriate to award for Mr. Snookal's damages?

17 A That's correct. It gives you, as a jury,
18 options because it's my understanding there was a
19 commitment, if he had gone to Nigeria or when he went to
20 Nigeria, to move him up to grade 23. And so if -- if
21 that is what would have happened in scenario number 2,
22 in table 2 is the correct one -- or is the one you would
23 select.

24 Q Thank you so much.

25 So now let's -- let's look at table -- let's

1 were assigned to Escravos; correct?

2 A Yes, in one of the scenarios, I do assume that.

3 Q And were you shown any documents that would
4 demonstrate that if he had, in fact, been assigned to
5 Escravos that he would, in fact, been promoted?

6 A No.

7 Q Did you ask for any documents that would show
8 if Mr. Snookal had actually been assigned to Escravos
9 that he would have been put on a promotion list, as an
10 example?

11 A No.

12 Q So your assumption is based upon what
13 Mr. Snookal told you as part of the litigation here;
14 correct?

15 A Yes.

16 Q And, in fact, you have no evidence, no facts,
17 no testimony, no documents, no e-mails, no HR documents
18 to show that being assigned to Escravos, you would be
19 entitled to a promotion within six months; correct?

20 A Correct.

21 Q Okay. Now, also, if you're looking at your
22 report, you have a list of the documents that you were
23 provided. And I think it is on page 50 of your report.
24 Do you have that?

25 A Yes.

1 that?

2 A Yes.

3 Q Okay. Now, in doing calculations here, did you
4 actually do your economic losses calculations for the
5 time period August 1st, 2019, through February 23rd,
6 2035?

7 A Yes.

8 Q Okay. Now, in looking at these calculations,
9 you -- it shows the August 1st, 2019, date based on what
10 Mr. Snookal told you?

11 A Yes. But I do have a job offer letter from
12 Chevron that mentions a start date, and so I -- I did
13 have Chevron documents for that.

14 Q Isn't the start date August 31st of 2019?

15 A My recollection is that Chevron's initial start
16 date that they mentioned was July the 1st of 2019.

17 MS. KENNEDY: All right. Greg, can you hold
18 onto that? Can you go to Exhibit 24, please? And I
19 believe this has been stipulated to, Your Honor, as
20 well.

21 THE COURT: All right. Go ahead.

22 (Whereupon Defendant's Exhibit 24 is admitted hereto.)

23 BY MS. KENNEDY:

24 Q And Exhibit 24 is an e-mail string regarding
25 Nigeria assignment. And if you go to -- I think it's

1 that he would have been -- remained with Chevron. But
2 it's my understanding -- in fact, I've counted them.
3 Chevron has 56 different expat locations. So he could
4 have been in Nigeria with renewals, could have been in a
5 different location.

6 Q Let me ask you: Do you see any documentation
7 that any Chevron employee in the history of Chevron was
8 ever an expat for over 30 years in a row?

9 A Again, I'm not claiming that in my analysis,
10 30 years. In my analysis, the analysis just goes from
11 2019 to 2035 so it's at a 15-year period not 35-year
12 period or 30-year period. But it is my -- I -- it is my
13 understanding that the individual who is in the Nigeria
14 position at the moment has been in the position for more
15 than four years. That would presumably include a
16 renewal.

17 So in my calculations, Mr. Snookal could have
18 gone to Nigeria, and his contract could have been
19 renewed. He could have gone to a different expat
20 location. Again, I've counted them. There's 56 around
21 the world. They presumably have more than one employee
22 at each location, so if this is something that
23 Mr. Snookal wanted to do -- it sounds like there are a
24 lot of opportunities, not just one opportunity.

25 Q And to your knowledge, in particular case, do

1 Q And those other positions at Chevron were in
2 El Segundo; correct?

3 A Again, I didn't ask him for the locations
4 specifically. Maybe I should have, but I knew that he
5 was excited about the position in Nigeria. He had
6 applied for other positions with Chevron after that
7 position was rescinded. And so it certainly signalled
8 to me that he was enthusiastic about the opportunity.

9 Q Do you know if any of the positions that
10 Mr. Snookal applied for, to which you believe you have
11 knowledge of -- did any of those positions have the
12 expat premium?

13 A From the documents I've reviewed, all Chevron
14 expat positions have a location premium. There's 56 of
15 them -- 56 locations. Each premium is a little bit
16 different. They're not all exactly 55 percent. Some
17 are -- are a little bit different amount. But my
18 recollection is they all have a location premium
19 associated with them, yes.

20 Q And in your analysis for the expat premium, you
21 used 55 percent, which is the highest expat premium
22 location; correct?

23 A I did use 55 percent. I don't recall whether
24 that was the highest one or not. But that is the one I
25 used because it was the one associated with the job that

1 Mr. Snookal was on -- on his way to.

2 Q Were you provided any documentation which show
3 what the expat premiums were for any of the other 56
4 locations that you were aware of?

5 A Yes, I have seen them.

6 Q And did you see the range was anywhere from
7 10 percent to 55 percent?

8 A I don't recall. That's possible. I really
9 didn't attempt to memorize the location premiums at the
10 other locations, other than there's 56 other locations;
11 they all have a location premium. I was interested in
12 the 55 percent in Nigeria.

13 Q And did you have an understanding that the
14 position in Nigeria was a three- to four-year
15 assignment?

16 A I was aware that -- that it had a term
17 associated with it, but I was also aware that that term
18 could be extended. And in fact, the individual -- my
19 understanding is the individual who's in that position
20 right now, the position Mr. Snookal was headed to, has
21 been in that position for over four years. So I'm --
22 I'm inferring from that that an extension was granted.
23 So maybe a four-year contract, but it could have
24 certainly been longer.

25 Q And where did you get the information that the

C E R T I F I C A T E

MARK SNOOKAL

:

vs.

: No. CV 23-06302-HDV

CHEVRON USA, INC.

:

I, MARIA BUSTILLOS, OFFICIAL COURT REPORTER, IN AND FOR THE
UNITED STATES DISTRICT COURT FOR THE CENTRAL DISTRICT OF
CALIFORNIA, DO HEREBY CERTIFY THAT PURSUANT TO SECTION 753,
TITLE 28, UNITED STATES CODE, THE FOREGOING IS A TRUE AND
CORRECT TRANSCRIPT OF THE STENOGRAPHICALLY REPORTED
PROCEEDINGS HELD IN THE ABOVE-ENTITLED MATTER AND THAT THE
TRANSCRIPT PAGE FORMAT IS IN CONFORMANCE WITH THE REGULATIONS
OF THE JUDICIAL CONFERENCE OF THE UNITED STATES.
FEES CHARGED FOR THIS TRANSCRIPT, LESS ANY CIRCUIT FEE
REDUCTION AND/OR DEPOSIT, ARE IN CONFORMANCE WITH THE
REGULATIONS OF THE JUDICIAL CONFERENCE OF THE UNITED STATES.

/s/

08/21/2025

MARIA R. BUSTILLOS
OFFICIAL REPORTER

DATE

EXHIBIT C

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
WESTERN DIVISION

- - -

HONORABLE HERNÁN D. VERA, DISTRICT JUDGE PRESIDING

MARK SNOOKAL,)
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Plaintiff,)
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vs.) No. CV 23-06302-HDV
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CHEVRON USA, INC.,)
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Defendants.)
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_____)

REPORTER'S TRANSCRIPT OF JURY TRIAL PROCEEDINGS

TRIAL DAY THREE

LOS ANGELES, CALIFORNIA

THURSDAY, AUGUST 21, 2025

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I N D E X

PLAINTIFF'S WITNESSES: DIRECT CROSS REDIRECT RECROSS

DR. ADEYEYE, VICTOR	--	--	--	--
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SNOOKEL, MARK	--	--	--	--
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- - -

1 Q You can see the link, okay.

2 And did you look at the link before responding
3 to the e-mail?

4 A I looked at the link, and also searched -- did
5 my own research too.

6 Q So you did look at it. And when you looked at
7 it, you concluded that at Mr. Snookal's size, which was
8 4.1 to 4.2 centimeters, he falls into the low risk
9 category; right?

10 A Possibly low category, yes.

11 Q Okay. And, though, you didn't tell this to
12 Dr. Asekomeh at the time, what you understood from the
13 guidelines was that Mr. Snookal's risk of any type of
14 cardiac complication was between 1 and 2 percent; right?
15 That's what you were thinking?

16 A I wasn't (inaudible).

17 Q I'm sorry, could you repeat that?

18 A I did put -- I did put in low risk, was all I
19 indicated, not 1 to 2 percent.

20 Q Right. But you testified at your deposition
21 you're right. You didn't write it in this e-mail. I
22 agree with you.

23 What I'm asking is you looked at the
24 guidelines, and the guidelines made you conclude
25 Mr. Snookal's risk of -- of adverse cardiovascular event

1 was between 1 to 2 percent; right?

2 A Was a low risk of the guidelines.

3 MS. FLECHSIG: Your Honor, I would request to
4 read from Volume II of Dr. Adeyeye's deposition, page
5 114, lines 18 through 24.

6 MS. KENNEDY: Counsel, page 115?

7 MS. FLECHSIG: 114, and then lines 18 through
8 24.

9 THE COURT: Go ahead.

10 MS. KENNEDY: No objection.

11 THE COURT: Read through 25 just to be
12 complete.

13 MS. FLECHSIG: Okay. Yes, Your Honor.

14 BY MS. FLECHSIG:

15 Q "And based on your understanding of --
16 Question, And based on your understanding of the
17 guidelines, what was the risk associated with
18 Mr. Snookal's aortic dilatation?" said in context.

19 "Answer, It falls into low-risk category.
20 Point here is a low risk, 1 to 2 percent of adverse
21 cardiac -- cardiovascular event."

22 "Adverse cardiovascular event?"

23 "Dissections or rupture, these are the adverse
24 cardiovascular events."

25 "Thank you."

1 MS. KENNEDY: And finally, Stephanie, can we go
2 to the first page of Exhibit 43, which is the e-mail
3 from Dr. Adeyeye to Dr. Aiwuyo, Dr. Asekomeh, and
4 Dr. Pitan. It is on the first page at very top on --
5 no, it is going to be on the -- 43, page 1, the first
6 e-mail dated August 5, 2019.

7 MS. STEPHANIE: I don't have it on the spot.

8 BY MS. KENNEDY:

9 Q All right. Let me just ask you, Dr. Adeyeye:
10 At some point in time, did you agree with Dr. Aiwuyo's
11 assessments regarding Mr. Snookal?

12 A Repeat.

13 Q Yes. Did you -- in August of 2015, did you
14 agree with Dr. Aiwuyo's assessments of Mr. Snookal and
15 his condition?

16 A I agree with him.

17 Q Okay. Did you have any concern about
18 Mr. Snookal's choice of hyper- -- of
19 anti-hypersensitives, for example, losartan and
20 amlodipine, A-M-L-O-D-I-P-I-N-E?

21 A Yes.

22 Q Why did you have a little concern about those?

23 A Because amlodipine advocates the use of beta
24 blocker in an individual with an aortic aneurysm. So I
25 was surprised when (indiscernible) had no beta blocker.

1 did you look at the job description for the reliability
2 engineering manager?

3 A I did.

4 MS. LEAL: And, Your Honor, we're going to pull
5 up Exhibit 16, which has been stipulated for admission.

6 THE COURT: Okay. Go ahead.

7 (Whereupon, Plaintiff's Exhibit 16 is admitted hereto.)

8 BY MS. LEAL:

9 Q So, Mr. Snookal, you can see the document
10 either on the monitor. There is also a binder there in
11 front of you with tabs. So this is 16.

12 A I see it.

13 Q You can use whatever -- whatever you'd prefer.

14 You have seen this document before?

15 A I have.

16 Q And what is this document?

17 A This is the internal job posting for the NMA,
18 which is Nigeria Mid-Africa, EGTL reliability
19 engineering manager.

20 Q And what is the EGTL?

21 A Escravos gas-to-liquid plant.

22 Q So did you believe you were qualified for this
23 position, reliability engineering manager?

24 A I did.

25 Q Why?

1 A Because this was actually the next job in
2 El Segundo that I would have been placed in. I was
3 aware of the job duties that my supervisor currently
4 had. They very much matched this position. I had
5 familiarity with all of the kinds of equipment and
6 everything that they were mentioning on there, including
7 the studies that they run and environmental -- or sorry.
8 I don't think they actually mention it on this form,
9 but -- so yeah, I felt like I was very qualified.

10 Q And this form does provide a job description?

11 A It does.

12 Q Okay. And at the time that you applied for
13 this position, who was your boss?

14 A Kit Deaver.

15 Q And did you -- well, strike that.

16 At the top of this document, it says, "Welcome
17 to the Enterprise PDC postings" -- at the top -- "where
18 you will find open jobs managed within the Enterprise
19 PDC process. You must obtain approval to apply to PDC
20 jobs from both your supervisor and PDR before submitting
21 your applications."

22 Did you do that?

23 A Yes, I did.

24 Q Who were your supervisors -- or who were the
25 persons from whom you sought approval?

1 You know, it has things like a 4-to-1
2 student-to-teacher ratio, on-site therapists, and the
3 idea of the school is not just to give them an
4 education, but to teach them ways to recognize what's
5 going on with them, you know, and how to manage that so
6 that they can be successful in the future. And it's
7 very expensive.

8 Q So by getting a promotion to a grade 23, which
9 you just mentioned, that would have allowed you to send
10 your school to Bridges Academy?

11 A Not a 23 alone. It's about \$50,000 a year. So
12 given the 55 percent incentive pay and the other high
13 incentive pays for the other remote locations that
14 Chevron has, you know, that would allow me to send him
15 for two years of junior high and four years of high
16 school.

17 Q And were there other perks along with the 55
18 percent location premium that you just mentioned if you
19 went to Escravos?

20 A Yeah. So some of it has been discussed
21 earlier. There is a vacation -- you know, I had five
22 weeks of vacation, so they pay you for that. But one of
23 biggest things for my family and myself would have been
24 you work 28 days and then you're home for 28 days. And
25 I know we covered that before. But you know, with a

1 A This is the offer letter that I received after
2 applying for the job.

3 Q And when you received this offer letter saying
4 "you got the job," what was your reaction?

5 A I was very excited. We had actually already
6 had to enroll my son in school, so -- you know, kind of
7 in anticipation of getting it, hoping that it would come
8 through, and so it did. And it meant everything to
9 my -- to me and my family, right. Like, this -- yeah,
10 it was going to be good.

11 Q Okay. Now, we just saw in the job description
12 that the salary pay grade was a 23 or 24. This document
13 says a 22. Did this concern you?

14 A It did not.

15 Q Why?

16 A Two reasons, really: One is that I've given
17 promotions before, and I know that often people will be
18 moved into a new job at the same pay grade that they
19 were already in. And then they'll be reevaluated in six
20 to 12 months and moved into the grade -- the lowest
21 grade in the job. It's part of Chevron's total
22 remuneration -- it's a very difficult word for me to
23 say -- policy that jobs have a pay grade for a reason
24 and that people should be in the correct pay grade for
25 the job that they're in.

1 A Yep.

2 Q -- it says "disposition."

3 A Yep, I see that.

4 MS. LEAL: Can you highlight that, please?

5 BY MS. LEAL:

6 Q It says, "Not fit for duty. Remote location
7 can be cleared for assignment in Lagos -- or Lagos."

8 When you receive this form advising you that
9 you were not fit for duty, what did you think?

10 A I mean, I really -- I didn't understand what
11 was happening. It seemed like they had made a mistake,
12 or I don't -- I didn't know how they reached that
13 conclusion. I was particularly confused with the
14 assignment for Lagos in that my job could not be
15 performed in Lagos. And I hadn't talk to anyone from
16 Chevron asking for more information or for
17 clarifications or -- you know, to discuss anything;
18 right. Like, is there -- I just didn't understand what
19 happened; right. It didn't make any sense to me.

20 I thought so much that it was a mistake that
21 I -- I actually -- I -- I didn't tell my wife about it,
22 even. So I was so sure I could fix it; right. And I
23 really do tell my wife everything. So yeah, I guess I
24 was in a state of disbelief.

25 Q Okay. So prior to receiving this on

1 August 15th, had any doctor on behalf of Chevron
2 contacted you to ask you any questions about your
3 medical condition?

4 A They had not.

5 Q And how do you know that the position could not
6 be performed in "Lagos" -- or Lagos?

7 A I mean, again, I know what the job entailed,
8 right. You need to be leading your team, even if that
9 is primarily from the office. You still need to be
10 on-site so that communication can be quick, can be
11 active, can be ready. Um, you know, I might need to go
12 into the field on a short-term, right, just for part a
13 day or something, to communicate with them about, you
14 know -- have them show me what's happening, what's going
15 on, right. Maybe help them figure out the next steps.
16 So it's a just a very involved -- you know, you can't --
17 that kind of role can't be done, like, over the
18 telephone or over Teams or whatever. It just doesn't
19 work.

20 Q It has to be hands-on?

21 A Yeah.

22 Q Okay. Now, you just testified a few moments
23 ago that you thought you could fix it and that's why you
24 didn't tell your wife. What did you do to try to fix
25 it?

1 MS. LEAL: So what we'll do, I think we'll
2 start with Dr. Akintunde, and then we'll continue Mark.

3 MS. KENNEDY: Okay. And then Dr. Reading?

4 MS. LEAL: And then Dr. Reading.

5 MS. KENNEDY: And then Constance Snookal. Then
6 I'll have Dr. -- I'll have her come in in the afternoon.

7 THE COURT: I think -- I think that's safe.

8 MS. KENNEDY: Okay.

9 THE COURT: All right. Very good. Just be
10 mindful of -- of the time. We'll give you the total
11 time tomorrow morning. And I had one other issue. Now
12 I'm blanking on it. Well, I will -- I'm sure I will
13 remember. Oh, I know.

14 Since we have attorneys coming now in the
15 afternoon, please take your materials for the afternoon.

16 MS. KENNEDY: Oh, yes.

17 THE COURT: On the tables -- just on the
18 tables.

19 MS. KENNEDY: Sure.

20 (Whereupon, proceeding adjourned.)

21 - - -

22

23

24

25

EXHIBIT D

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
WESTERN DIVISION

- - -

HONORABLE HERNÁN D. VERA, DISTRICT JUDGE PRESIDING

MARK SNOOKAL,)
)
Plaintiffs,)
)
)
)
)
vs.) No. CV 23-06302-HDV
)
)
)
CHEVRON USA, INC.,)
)
)
Defendants.)
)
_____)

REPORTER'S TRANSCRIPT OF JURY TRIAL PROCEEDINGS

TRIAL DAY FOUR

LOS ANGELES, CALIFORNIA

FRIDAY, AUGUST 222, 2025

MARIA R. BUSTILLOS
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I N D E X

PLAINTIFF'S WITNESSES: DIRECT CROSS REDIRECT RECROSS

xxx, xxxxx	--	--	--	--
BY DOLORES LEAL	6	--	--	--
BY ROBERT MUSSIG	--	187	--	--
BY OLIVIA FLECHSIG	--	232	--	--

- - -

1 cardiovascular risk factors or cardiovascular disease.
2 So you want to -- and for those who already have risk
3 factors, you want to prevent an acute coronary event
4 from occurring, like a heart attack, or you want to
5 prevent a stroke.

6 So it's a lot of preventive strategy in
7 cardiology because when you compare the quality of
8 life -- when an individual doesn't have
9 the [inaudible] -- it's much better than -- so as the
10 word implies, preventive cardiology is process
11 of [indiscernible] --

12 Q I'm sorry. Dr. Akintunde, as part of your
13 practice as cardiology, do you actually do surgeries on
14 aortic roots? Is that part of your practice?

15 A No. Cardiothoracic surgeons do surgeries on
16 aortic roots.

17 Q And in this case with Mr. Snookal, other than
18 responding to some e-mails, do you recall how you got
19 involved in the decision-making as to whether or not
20 Mr. Snookal was medically fit to come to Escravos?

21 A I had no role in the decision-making.
22 Decision-making is the exclusive reserved of the
23 occupational health physician. I was asked to provide
24 an opinion on his imaging records, and that was what I
25 did.

1 Q And that was your sole role; correct?

2 A That was my sole role, just to provide a
3 feedback on what I thought of his images, which were
4 provided to me.

5 Q And in your practice as a cardiologist --
6 preventive cardiologist, do you regularly give feedback
7 on -- on images of the heart?

8 A Whenever I'm asked to, I do. If I'm asked to,
9 I do.

10 MS. KENNEDY: Thank you, Your Honor. I have no
11 more questions.

12 THE COURT: Any redirect?

13 MS. FLECHSIG: No, Your Honor.

14 THE COURT: Okay. All right. Dr. Akintunde,
15 that concludes your testimony. We appreciate it. Thank
16 you very much.

17 THE WITNESS: Thank you. Have a good day.

18 THE COURT: You too.

19 All right. Does plaintiff recall Mr. Snookal?

20 MS. LEAL: Yes, Your Honor. Plaintiff recalls
21 Mr. Snookal.

22 THE COURT: Okay. Mr. Snookal, if you can come
23 back up. We won't need to re-administer the oath. I'll
24 just remind you that you're still under oath. And you
25 can take a seat.

1 you?

2 A They did.

3 Q And what was that job?

4 A The reliability change OA.

5 Q And when did that occur, approximately?

6 A I believe it was November, as well.

7 Q So now that Chevron created this reliability
8 change OA position, did that make you happy?

9 A It did not.

10 Q How come?

11 A Austin Ruppert, my boss at the time, told me
12 that the position was created specifically for me and
13 that it would not outlast the time that I, quote,
14 unquote, "needed to be in it."

15 Q So how were you feeling at time?

16 A I was starting to feel really in September, you
17 know, depression kind of keeping in, and I was starting
18 to withdraw a little bit from my family. And -- and you
19 know, I recognized it as an oncoming depressive episode,
20 so I utilized techniques that I learned in the past to
21 try and fend it off. And you know this kind of pushed
22 me over the edge, and so I reached out to Kaiser
23 Permanente for mental health.

24 Q Did you at some point start treating with
25 anyone at Kaiser?

1 A Yes, I did.

2 Q Do you remember with whom?

3 A I spent most of my time with -- I believe her
4 first name was Linda Engel. Last name Engel.

5 Q Okay. And did anyone at Kaiser ever prescribe
6 you any sort of medication to deal with the depression
7 you were experiencing?

8 A Yes. I don't recall the name of the doctor.
9 But I did receive a prescription for Cymbalta.

10 Q Okay. And are you still taking Cymbalta?

11 A Yes.

12 Q How come?

13 A I still feel a lot of depression, yeah.

14 Q Okay. How long were you in this new position
15 that Chevron created you for, the reliability change OA
16 position?

17 A Um, about a year -- a little bit less.

18 Q And do you remember how come you were in that
19 position only a little less than a year?

20 A Chevron had a transformation event or
21 reorganization in 2020.

22 Q And what happened to you thereafter?

23 A That role was eliminated. They had everyone in
24 the entire company apply for four different positions.
25 I did not receive any of those positions and was placed

1 if I would be promoted to a 23. She told me it is
2 typical in expat assignments to be promoted into the
3 position -- or into the pay grade that the position is
4 advertised at, at about six months.

5 Q I understand that. I understand that
6 confidential informant -- we'll get to that in a minute.
7 My question is: Were you promised a promotion? You
8 say, by the way if you take --

9 A Oh, promised, no.

10 Q Okay. So you agree there were discussions.
11 And as part of your career ladder, there is always
12 discussions about moving up; correct?

13 A Not in my experience.

14 Q Well, in this particular instance, regarding
15 this particular job, you agree no one at Chevron
16 promised you a promotion; correct?

17 A That is correct.

18 Q Now, prior to applying -- strike that.

19 Prior to the job being posted, the REM position
20 in Escravos, you actually had a recheck with your
21 physician at Kaiser regarding your heart condition;
22 correct?

23 A As I do every year, yes.

24 Q Yes. And that was April 19th, 2019?

25 A Correct.

1 Q And I want to take a look at the first three or
2 four paragraphs where it says -- do you see the work
3 location, Escravos, Nigeria? Do you see that?

4 A I do.

5 Q And you understood that is where this position
6 was going to be; correct?

7 A Correct.

8 Q And it says "Position type." That's career
9 ladder; do you see that?

10 A I do.

11 Q And if you also go down, it's -- there is only
12 one position that's there, number of vacancies; do you
13 see that?

14 A I do.

15 Q And at the bottom of that paragraph, it is
16 duration. So it is a 3- to 4-year maximum sort of term
17 for that position as posted; correct?

18 A No.

19 Q Well, as posted, that's what it says, in three
20 to four years; correct?

21 A You said "maximum."

22 Q Yes, as -- it says the duration here on this
23 document, three to four years; is that what it says?

24 A It says duration, three to four years, yes.

25 Q Okay. And you understood that this was, at

1 talking to other folks, do you know if there were any
2 surgical facilities in Escravos?

3 A I do not.

4 Q Do you know, again, from your research or
5 talking to folks, if there were -- if there was a
6 coronary care unit in Escravos?

7 A I do not.

8 Q Do you know if Escravos had the ability to do
9 CT scans?

10 A I do not.

11 Q Do you know if Escravos had an echocardiograph
12 or the ability to do -- use an echocardiograph?

13 A I do not.

14 Q Do you know if Escravos had a blood bank?

15 A I do not.

16 Q At the time that you applied for this position
17 in Escravos, it was a lateral move; correct?

18 A It depends on how you define "lateral move."

19 Q Well, let me ask you this: Did your base pay
20 increase?

21 A No.

22 Q You would get, if you had gone -- you'd
23 actually got the job and actually gone to Escravos, you
24 would have got the premium pay or the hazard pay;
25 correct?

1 A Correct.

2 Q But the benefits would have been the same from
3 Chevron; correct?

4 A Yes.

5 Q And the base pay would have been the same;
6 correct?

7 A Correct.

8 Q You would have -- you would have gotten
9 additional vacation and other things, but other than
10 that, it was a lateral move with respect to -- to base
11 pay; correct?

12 A With respect to base pay, yes.

13 Q And so you applied for that position -- the REM
14 position in Escravos in May of 2019; correct?

15 A I believe it was May, yes.

16 Q And you were conditionally offered that job in
17 the June/July 2019 time period; correct?

18 A That sounds right.

19 Q And when you were conditionally offered that
20 job, you mean that you were not actually getting ready
21 to go for that job unless you satisfied certain
22 requirements; correct?

23 A That's correct.

24 Q And that include the visa, the shots, the
25 medical clearance and the like; correct?

1 A No.

2 Q So any of the things -- the stressful things
3 with your family, your son, those were all -- weren't
4 affecting you at all; correct?

5 A I wouldn't say that they weren't affecting me
6 at all.

7 Q All right. So once this form was completed,
8 you submitted this form as part of your package;
9 correct?

10 A Yes.

11 Q And do you recall who you submitted that form
12 to.

13 A I believe her name was Lindsay Smith, but it
14 may have been someone else on the medical liaison staff.

15 Q All right. Let's go to Exhibit 20. I want to
16 go back to Exhibit 20, which is the assignment offer.

17 MS. KENNEDY: This has already been admitted,
18 Your Honor.

19 THE COURT: All right. Go ahead.

20 BY MS. KENNEDY:

21 Q And let's take a look at the first page. Do
22 you see on the first page, it says "to Mark Snookal"?
23 And the first paragraph, it says, "Contingent upon
24 obtaining work/resident permit clearances where
25 applicable and company medical suitability for

1 assignment where required by law and/or related to your
2 job and consistent with business necessity, you are
3 offering -- you are offered the following assignment."

4 Do you recall seeing this?

5 A Yes.

6 Q So you'd agree as of the June/July period,
7 whenever that was, that you still did not have a full
8 offer to take this job; correct?

9 A I had a contingent offer.

10 Q Correct. But it was contingent on certain
11 things being completed and passed; correct?

12 A Yes.

13 Q And you also knew in late July, in response to
14 a voicemail that you received from -- from Dr. --

15 MS. FAN: Sobel.

16 MS. KENNEDY: Sobel, thank you.

17 BY MS. KENNEDY:

18 Q -- Dr. Sobel, that he left a voicemail message
19 for you advising that you would have to be cleared by
20 the doctors in Nigeria; correct?

21 A That was not my understanding of the e-mail --
22 or the voicemail message.

23 Q All right. We'll go back to that -- that's
24 Exhibit 30. We'll go back to that in a minute.

25 So if you take a look at Exhibit 20, which is

1 the assignment offer, when you got this, did you
2 actually read it and understand it?

3 A I did.

4 Q And you understood that at least for here in
5 the first paragraph, it says, "Anticipated length: three
6 to four years"; do you see that?

7 A I do see that it says "anticipated length,"
8 yes.

9 Q And it says here, "Anticipated assignment start
10 date: July 1, 2019."

11 You knew that was not accurate; correct?

12 A Correct.

13 Q Because you hadn't had even done your fitness
14 for duty with anyone until late July; correct?

15 A Correct.

16 Q And in fact, in early July of 2019, you were
17 actually on vacation; isn't that right?

18 A That is correct.

19 Q And when you spoke to your expert, Dr. Baum,
20 did you talk to him at all about the time period in July
21 of 2019, that you were actually -- had not completed the
22 pre-conditions for the job in Escravos?

23 A I don't recall discussing that, no.

24 Q All right. Let's go down to the --

25 MS. KENNEDY: Greg, the very last paragraph on

1 A That's correct.

2 Q In this form, you talked about your dilated
3 aortic root; you talked about your irregular or skipping
4 heart beats, whatever that is, and you provided other
5 information on here.

6 And everything was accurate at the time you
7 provided it; correct?

8 A That is correct.

9 Q And you understood that the purpose of this
10 document was to make sure that you were medically fit to
11 undertake the job that you were being offered to work in
12 Escravos; correct?

13 A That is correct.

14 Q And you knew that the job being offered to you
15 and the reason for this document was not to work in
16 Lagos or anywhere else in Nigeria, but to only work in
17 Escravos; correct?

18 A Correct.

19 Q And you knew at the time that this job could
20 only be done in Escravos and nowhere else; correct?

21 A Correct.

22 Q And when you had your fitness for duty with
23 Dr. Sobel, he gave you some restrictions based upon your
24 heart condition in -- in relation to your taking
25 medication for high blood pressure.

1 things that is instilled in Chevron employees; correct?

2 A I don't think I would put it that way. But
3 yes, I could agree with that.

4 Q So let's -- so looking at page 18, where we
5 were, and see -- this is job transfer protocol.

6 My question is: Before you applied for the
7 Escravos job, did you actually look at the MEP?

8 A Um, before I applied?

9 Q Yes.

10 A Sorry. No, not before I applied.

11 Q And you understood that the fitness for duty
12 test that you were asked to undergo was required for
13 your Escravos position; correct?

14 A Correct. That's when I looked at the MEP.

15 Q Before the break, we'll go to one more
16 paragraph.

17 MS. KENNEDY: Go to page 47, please, Greg, in
18 Exhibit 6.

19 BY MS. KENNEDY:

20 Q And this is actually the medical suitability
21 for expatriate assignment for adults. It talks about
22 the purpose and description at the top.

23 Do you recall reading this as the company
24 policy regarding basically fitness for duty? Do you
25 recall reading this?

1 A I do.

2 Q And do you recall that at least in this policy,
3 that Chevron says, "It is committed to understanding and
4 supporting expatriate assignees and their families'
5 health needs before, during, and after their
6 assignment"? Do you have an understanding that was the
7 policy?

8 A Yes.

9 Q And it says here, "The health of expatriates
10 and their families is critical to the success of an
11 expatriate assignment." Do you understand that?

12 A Yes.

13 Q And you understood that Chevron, at least in
14 having you go through this fitness for duty, was trying
15 to make sure that you were healthy and fit for this
16 assignment; correct?

17 A I have no issue with fitness for duty programs,
18 yes.

19 Q And you also understood that --

20 MS. KENNEDY: Looking at third column, Greg,
21 where it says, [As read]: "Basically, the content of
22 the medical examination is reviewed and customized to
23 include specific -- tests specific to the individual's
24 identified medical conditions or location exposures."

25 BY MS. KENNEDY:

1 Q At any point in time after August of 2019, did
2 you ever apply for any Chevron expat roles?

3 A There were --

4 Q Did you ever apply?

5 A I'm sorry, after?

6 Q After August of 2019?

7 A No.

8 Q Let me ask the question: After August of 2019,
9 did you ever apply for any other expat roles at Chevron?

10 A No.

11 Q And you understood that the 55 percent premium
12 pay was based on your base pay and the job at Escravos
13 offered the same bonus eligibility and the same
14 benefits; correct?

15 A That is correct.

16 Q Now, in August of 2019, you were told that you
17 were not getting the role in Escravos; correct?

18 A Not officially, no. In August; right?

19 Q Well, let me ask you this: When do you believe
20 you were officially told that you were not getting the
21 Escravos role?

22 A September 4th.

23 Q Of 2019?

24 A Correct.

25 Q And so up to the time period of September 4,

1 A Not yet. Now it is.

2 Q Did you ask Dr. Levy if there were any other
3 expat assignments you could apply to?

4 A I did.

5 Q And, in fact, he responded with a list of expat
6 assignments around the world, in the Americas, Asia
7 Pacific, and in Europe, and mid-Asia -- I'm sorry --
8 mid-Africa region; correct?

9 A Yes, it was quite kind of him to be so
10 thorough.

11 Q And there was probably, I don't know, 20 to 30,
12 maybe 50 different options there; correct.

13 A Yes.

14 Q And when you read this, you understood at least
15 that Chevron -- at least through Dr. Levy -- thought you
16 could work at a lot of expat assignments; correct?

17 A Yes.

18 Q And in the next paragraph, he also talks about
19 various other places, but he would need to have more
20 information to do an assessment; correct?

21 A Correct.

22 Q Now, although you disagreed with the decision
23 in -- with respect to your position at Escravos, at
24 least you knew at this point in time, through Dr. Levy,
25 that Chevron was not precluding you to apply to, go to

1 dozens, 20, 30, 40, 50 other expat assignments; correct?

2 A Most of those locations --

3 Q Is that correct, sir?

4 A It is correct.

5 Q And also, in this e-mail, one of the first
6 things that Dr. Levy told you is that, quote, "We
7 certainly don't believe that every employee with a
8 health condition poses a direct threat. We need to
9 analyze the condition in the attributes of the job.
10 When there are ways of ameliorating the risk including
11 reasonable accommodations, we work with the individuals
12 to do so."

13 So my question is: When you read those two
14 sentences, you know that that complies with Chevron
15 policy with regard to disabled employees; correct?

16 A That -- or those sentences do comply with their
17 policy, yes.

18 Q And you also agreed that your condition of a
19 dilated aortic root is a -- it is a current condition
20 that you have; correct?

21 A It is.

22 Q And you know -- you may have a rupture, you may
23 not have a rupture, but there is nothing that can
24 predict whether you will have a rupture; correct?

25 A That is not my understanding of the condition.

1 A I did.

2 Q Did you ever tell Dr. Reading that you decided
3 to move and take a lower-paying job even though you had
4 to learn a new industry?

5 A I believe I said something like that to him,
6 yes.

7 Q All right. Now, finally, I believe you said
8 you're taking Cym- -- Cymbalta?

9 A Correct.

10 Q And you've been taking that since when?

11 A I cannot remember the exact date that it was
12 prescribed, but it was sometime late-ish 2020. It was
13 very difficult to get an appointment with a psychiatrist
14 during COVID.

15 Q And has that prescription been the same since
16 2020?

17 A It has been.

18 Q Now, according to Dr. Reading, is it correct
19 that you are doing better now than you were doing in
20 2019 and 2020; correct?

21 A I believe I testified earlier to that, as well,
22 yes.

23 MS. KENNEDY: Thank you, Your Honor. I have no
24 more questions.

25 THE COURT: Brief redirect.

1 disorder, which requires ongoing depression -- a
2 consolation of specific symptoms. It is a diagnosis
3 that has relevance with respect to outcome or what we
4 call prognosis about -- for two reasons: 20 percent of
5 the people don't recover, and we know that the longer a
6 person who is exposed to depression, the less likely it
7 is that they will recover.

8 Q And which symptoms did you find Mr. Snookal
9 had?

10 A He developed a constellation of symptoms, which
11 embraced depressed mood, inability to derive pleasure
12 from customary activities, a loss of self-worth, a loss
13 of motivation, difficulty with sleep, and difficulty
14 with concentration and focus, along with energy. So
15 he -- he fulfilled criteria that we require for that
16 range of symptoms. So they're not just transient. They
17 were ongoing and voluntary.

18 Q So were these sufficient to qualify Mr. Snookal
19 for a diagnosis of major depressive disorder?

20 A Yes, they were.

21 Q And did you rely on anything else?

22 A Certainly, I relied on records, his
23 self-report, his deposition from testimony, and
24 psychological testing, and some data from the records,
25 which also assessed him on screening measures for

1 factors just means that the more you have, the more
2 likely it is you'll develop a depressive disorder
3 arising from an adverse experience.

4 Q And what was your overall finding, Dr. Reading?

5 A My overall finding to a reasonable degree of
6 psychiatric probability was that Mr. Snookal developed a
7 major depressive disorder, which I would rate as a
8 recurrence. He had had it before. It was moderate in
9 severity. That is a three point scale from our moderate
10 to severe. And when I saw him, he was in partial
11 remission, so he'd improved. He hadn't fully recovered.

12 And it used to be thought -- just a quick
13 aside -- that partial remission was a pathway to full
14 remission. But now over many years, we see that partial
15 remission may be an endpoint. So people may remain in a
16 state of partial remission. What does that mean? That
17 means that the mood is not fully recovered, and usually,
18 there is some diminution in the quality of their life
19 arising from that.

20 So it is not a benign condition. And my
21 understanding in terms of exploring the universe of
22 potential stressors that suddenly owned to the pivotal
23 nature of work and the nonnormative view Mr. Snookal
24 held as to what happened to him, meaning he felt
25 unfairly treated by others, led to the occurrence of

1 this -- or the recurrence, I should say, of this major
2 depressive disorder.

3 Q And you stated earlier that another one of your
4 opinions was regarding treatment. What is your opinion
5 as to the treatment needed by Mr. Snookal?

6 A He did avail himself of treatment. He is still
7 being treated interestingly enough. With those scores,
8 he is receiving what we would consider a therapeutic
9 dose of an antidepressant medication. So he is still
10 being treated. But given the failure of achieving a
11 full recovery, I would recommend a year of cognitive
12 behavioral psychotherapy, which is evidenced based and
13 standard of care, to see if it can improve him further.

14 Q So is your prognosis at this point?

15 A My prognosis at this point -- there is a four
16 point scale: poor, guarded, fair, good. So he is
17 between fair and good. So he is not achieved a full
18 recovery even with treatment. It may be difficult to
19 discontinue those antidepressant medications. With
20 treatment, we may move him towards good, but he is --
21 his prognosis is affected by what we call the duration
22 of exposure to depression. And it is because of that
23 extended duration, he is at risk for not -- even with
24 the treatment I recommended -- not achieving what we
25 would hope for as a full recovery.

1 Q Thank you, Dr. Reading.

2 MS. LEAL: Your honor, I would move that
3 Exhibit 141 the report -- and 140 which is a CV, which
4 we didn't show, be admitted into evidence. And I
5 believe it's been stipulated.

6 MS. KENNEDY: Yes.

7 THE COURT: All right. So admitted.

8 MS. KENNEDY: Yes.

9 (Whereupon, Plaintiff's Exhibit 141 and 140 is admitted
10 hereto.)

11 A Oh, thank you.

12 **CROSS-EXAMINATION**

13 BY MS. KENNEDY:

14 Q Hello, Dr. Heading?

15 A Hello, Ms. Kennedy.

16 Q So if I understand you correctly, you have
17 diagnosed Mr. Snookal with a major depressive disorder,
18 moderate and recurrent?

19 A Originally, now in partial remission.

20 Q Now in partial remission?

21 A Yes.

22 Q And you were using the standard set forth for
23 major depressive disorder in the DSM-5; is that correct?

24 A 5-TR, yes.

25 Q And you saw Mr. Snookal one time in February of

1 2025 for about three to four hours; correct?

2 A Correct.

3 Q And that was basically for the purpose of this
4 lawsuit; correct?

5 A That is correct, yes.

6 Q And you administered three psychological tests
7 to him; correct?

8 A Correct.

9 Q One is the MMPI-2; correct?

10 A MMPI-3, I believe.

11 Q Sorry, MMPI-3?

12 A Yes.

13 Q The PAI, personality assessment inventory?

14 A Yes.

15 Q And you also administered the TSI-2, which is a
16 trauma test; correct?

17 A Trauma symptom inventory, yes.

18 Q Now, if I understand correctly, you met with
19 Mr. Snookal remotely on February 6, 2025, for about
20 three to four hours; correct?

21 A Yes. Six -- that doesn't include the testing.
22 The testing is in addition to that.

23 Q And then after you had this meeting with him,
24 were you -- you asked him questions and he self-reported
25 a lot of things; correct?

1 A Everything was self-report, yes.

2 Q And in your opinion, if I understand correctly,
3 is based upon his feelings of being mistreated; correct?

4 A That -- his deception or belief is an important
5 component enhancing the risk of psychiatric injury.

6 You're correct.

7 Q Right. So even though he may feel he was
8 mistreated, if, in fact, he wasn't, he would still have
9 the same feelings of depression; correct?

10 A Well, if there was evidence that there was
11 grounds, he -- his -- the trajectory and severity of his
12 depression may be different. But because he still
13 believed it even if he wasn't mistreated, yes.

14 Q Right. In other words, the symptoms of
15 depression are all based on his perceptions of
16 mistreatment or unfairness; correct?

17 A That's right. Their based on his belief that
18 he was adversely and unfairly treated. You are correct.

19 Q And if I understand correctly, if --
20 hypothetically speaking -- if Mr. Snookal was properly
21 and legally denied the job in Escravos, he could still
22 suffer from a major depressive disorder because he felt
23 it was unfair; correct?

24 A He could. Or even if he didn't feel it was
25 unfair, he could still experience a significant loss,

1 and given his vulnerability, he could develop a
2 depressive disorder in either event, yes.

3 Q And also, you would agree, that he would also
4 -- he could experience a major depressive disorder as
5 you've described, if Mr. Snookal hopes of getting this
6 job in Escravos and told his family and told his friends
7 and then those hopes and expectations were diminished,
8 he could still have major depressive disorder; correct?

9 A That could be about a significant loss, yes.

10 Q And when you talk about loss, it is loss as
11 perceived by the employee; correct?

12 A Well, the loss may be real. So -- but it -- it
13 can be enhanced by the perception of unfair. So the
14 loss of that job in Nigeria, that's an empirically --
15 verified loss. And the loss was enhanced by his feeling
16 that it was unfair or it could have been avoided, yes.

17 Q Did Mr. Snookal tell you when he spent the
18 three to four hours with him that the job offer in
19 Escravos was conditional, that he actually didn't have
20 that job?

21 A It was conditional on his health.

22 Q And other things, did he tell you that?

23 A I don't recall other things.

24 Q After you had your 3- to 4-hour meeting with
25 Mr. Snookal where he self-reported his life, his family,

1 et cetera, those could all be caused by things unrelated
2 to the loss of the job in Escravos; correct?

3 A Well, that consolation could be. As I say, one
4 has to rule out a medical condition, medication side
5 effects, which I -- I did with the assistance of the
6 records. But what we see is a person that has had a
7 prior history of depression. Then we see another
8 significant adverse event.

9 We know that 80 percent of depressive disorders
10 are a product of an adverse life event, a loss. So
11 you'd have to identify an alternate candidate, and the
12 data don't provide a fit for any alternate candidate.
13 So we see work as the candidate that provides the fit
14 for those data, and then you can examine -- which is not
15 my role -- whether what happened at work was --
16 comported with what he's claiming.

17 Q And --

18 THE COURT: Wait, let me pause you, Counsel.
19 If you have much more, we need to --

20 MS. KENNEDY: Final question.

21 THE COURT: Okay.

22 BY MS. KENNEDY:

23 Q Dr. Reading, for your diagnosis of Mr. --
24 Mr. Snookal, you can't sit here today and tell the jury
25 that there is a sole cause of his major depressive

1 disorder; correct?

2 A Well, that's a leading question, sole.

3 Certainly, there was a -- there was a precipitating
4 event that set that in motion for a confluence of
5 reasons.

6 Q But you can't say that there's a sole cause;
7 can you?

8 A Well, certainly we're looking for a significant
9 event. And I can certainly say that there were no other
10 candidates, so that provided the best fit for the data.

11 Q And -- but everything else that's going on in
12 his life you exclude as a cause of his major depressive
13 disorder; is that correct?

14 A I don't exclude it, but it didn't -- all those
15 things were ongoing, and we don't see the emergence of
16 symptoms. So his son's health issues were ongoing. His
17 marital -- he had a strong marriage, but his wife was
18 maybe over involved with his son.

19 The -- so what we're looking at -- all those
20 are constant. And we see at a certain point in time
21 what we call discontinuity. We see a change, and we see
22 that change is following an event. But we can't -- we
23 don't identity other events -- I ruled out these other
24 considerations. But when you say "sole," there are
25 obviously other risk factors that applied to

1 Mr. Snookal.

2 MS. KENNEDY: No more questions, Your Honor.

3 THE COURT: Okay. Any final redirect?

4 MS. LEAL: No, Your Honor.

5 THE COURT: Okay. All right. Dr. Reading,
6 thank you for --

7 THE WITNESS: Thank you, Your Honor. Thank you
8 so much.

9 THE COURT: All right. Ladies and gentlemen,
10 we are going to take our lunch break now. Let's --
11 let's be back a few minutes before 1:00, and we will
12 finalize the evidence, and then we'll hear closing. So
13 enjoy your lunch. Let's be back ready to go at
14 1:00 o'clock. All right.

15 (Whereupon, the following was held outside
16 the presence of the jury:)

17 THE COURT: All right. Please take your seat.
18 Just some quick housekeeping.

19 Counsel, I can't, in good conscience, allow you
20 to call Ms. Snookal at this point. You have 35 minutes
21 left, and I assume that you want to cross their expert.
22 So...

23 MS. FLECHSIG: That's right, Your Honor.

24 I know I told the jury that we'd be hearing
25 from her. Is it possible to make any comment to the

1 expert, Dr. Baum's, report. I was asked to offer
2 rebuttal calculations.

3 Q In this case, was your deposition taken?

4 A No.

5 Q Did you, in fact, prepare a report?

6 A Yes, I did.

7 MS. KENNEDY: And, Your Honor, I think by
8 stipulation, we'd like to admit Exhibit 154, which is
9 Dr. Song's resume or CV starting on page 29 as well as
10 her report, which is dated September 3, 2024.

11 THE COURT: 154 -- I assume no objection,
12 Counsel?

13 MS. FLECHSIG: No objections, Your Honor.

14 THE COURT: All right. So admitted.

15 (Whereupon, Defense's Exhibit 154 is admitted hereto.)

16 MS. KENNEDY: Thank you.

17 Greg, can we display Exhibit 154?

18 BY MS. KENNEDY:

19 Q So -- so, Dr. Song, we talked a little bit
20 about your qualifications and your assignment.

21 Can you give me just a sort of brief overview
22 of what your rebuttal opinions are?

23 A Sure. The brief overview is essentially in my
24 report. If we go to section 3, page 3, section 3
25 provides a summary of rebuttal calculations.

C E R T I F I C A T E

MARK SNOOKAL :
 :
 : vs. : No. CV 23-06302-HDV
 :
 CHEVRON USA, INC. :

_____/s/_____
08/23/2025
MARIA R. BUSTILLOS
OFFICIAL REPORTER
DATE